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ABSTRACT

Data were collected to determine how Project Head Start can ensure that (1) local programs will provide services to the maximum number of children and families possible; (2) the children and families served will be those who most need the program; and (3) those needing and receiving services will most benefit from the program. Information was obtained through in-depth case studies conducted at nine selected sites and a telephone survey conducted with a nationally representative, stratified random sample of 74 programs. After an executive summary, this report describes the purpose and background of the study and study methods, and reports the findings from the telephone survey and the in-depth study. Four appendices provide the telephone survey questions and response distributions, the case study reports of the in-depth study (bound separately), a synopsis of instruments used, and a report on research design. The case studies represent seven of the Head Start administrative regions and include both urban and rural settings. Each case study report describes the program and the community or communities in which the program operates. Among other information, details are given of recruitment efforts and the process for selecting families and children for program participation. Each case study concludes with observations from the perspective of the study staff. (RH)

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STUDY OF HEAD START RECRUITMENT AND ENROLLMENT:
FINAL REPORT

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STUDY OF HEAD START RECRUITMENT AND ENROLLMENT:
FINAL REPORT EXECUTIVE SUMMARY

Head Start's purpose is to serve children of poverty families, and to make ten percent of its openings available to handicapped children. Because of its funding level, however, Head Start can only serve a small proportion (estimated at 15 percent) of the eligible children. Given this situation, Head Start's policy is to provide its services to the most needy children and families within the poverty population.

One of Head Start's ongoing challenges is to develop ways of responding to changing demographics, systematically seeking out children from the most disadvantaged homes and providing programs and services that will truly benefit children and families with very diverse needs. No other nationally implemented child or family program has such a comprehensive charge. One purpose of this study was to find out how Head Start programs in various circumstances have attempted to meet these challenges.

It was also the purpose of this study to collect new data pertaining to the critical results of two previous investigations, one by the Office of the Comptroller General (CG) in 1975, the other by the Region X Inspector General (IG) in 1984. These investigations presented a dim picture of Head Start's effectiveness is serving low-income children and families, contending that too many families were over-income, programs were under-enrolled, attendance rates were too low, enrolled families were mainly from the upper levels of the poverty range, and the racial/ethnic mix of the program didn't represent the populations served. New data from the present study show that there may still be cause for concern about the racial/ethnic balance in some sites, but that (a) fewer families than the allowable 10 percent are over-income, (b) enrollment levels are relatively high, (c) attendance rates are close to the 85 percent level, and (d) families from the lower levels of the poverty range are being enrolled. Point-by-point comparisons of present findings with those of two previous reports are presented in Exhibit 1 at the end of the Executive Summary.

Local programs are required to conduct community needs assessments to determine who and where the eligible families are and what their needs are. This information then enters into the planning process so that the resulting program can be of greatest benefit to the families served. In commissioning this study, the Administration for Children, Youth, and Families had three concerns: services, needs and benefits. The three-part question is, How can Head Start ensure (1) that local programs will provide services to the maximum number of children and families possible, (2) that the children and families served will be those who most need the program, and (3) that those needing and receiving services will benefit the most? Thus, this study looked at programs' community needs assessments, tried to determine the extent to which programs tailored their efforts to their local circumstances, and assessed whether the neediest families were indeed being enrolled.

Different recruitment strategies are needed for different situations, and this study attempted to determine what strategies are used and how successful they are. The selection criteria used by programs obviously have a major effect on the characteristics of enrolled children and families, so these were also examined in considerable depth. Enrollment levels, attendance rates, and attrition all tell part of the story of the programs' success in meeting family needs.

Systematic and detailed information was obtained in this study through two distinct and complementary methods: in-depth case studies conducted at nine carefully selected sites and a telephone survey conducted with a nationally representative, stratified random sample of 74 programs. Table III-1 (p. 24) and Tables IV-1 (p. 69) and IV-2 (p. 70) show the characteristics of programs selected for these two components of the study. The methodology of each component is described in Chapter II. This Executive Summary of the Final Report summarizes the findings, integrating observations from the in-depth study (described in Chapter IV of the full report) with data from the telephone survey (Chapter III in the full report) and suggesting implications for Head Start programs. In this relatively brief summary, it is impossible to provide all the nuances and supplementary information that surround these main findings. Readers are encouraged to consult the full report for additional background, details, and illustrations.

Findings and Implications

Meeting Community Needs

Although 64 percent of the programs surveyed had completed a community needs assessment within the last three years, it is difficult for programs to obtain accurate, complete and up-to-date information on the needs of families in their communities. This obviously limits the extent to which programs can effectively adapt to changes in their communities in order to better serve the eligible families.

Using information that was available, in-depth study programs reported that the families they serve are becoming more needy, both in terms of financial need (income) and in terms of various problems requiring services. This is consistent with other reports that "the number of poor people in America has increased by about 10 million since 1978 ... and the poor are generally further below the poverty level ... than they were then"

(New York Times Magazine, June 16, 1985, p. 20). Telephone survey programs reported eleven different types of community needs that have increased over the last five years, including increases in child abuse, single-parent families, working mothers, drug or alcohol abuse problems, multiple-problem families, children in foster care, and handicapped children. Different kinds of changes have been occurring in urban and rural areas -- rural programs were more likely to report increases in working mothers and child abuse cases; urban programs were more likely to report changes in the proportions of certain racial/ethnic groups within their communities.

Slightly more than 60 percent of the programs surveyed reported they had made programmatic changes in response to what they learned from their community needs assessments. The most common changes included hiring staff with different skills, changing enrollment criteria, adding more enrollment slots, changing the educational approach, establishing a new center, changing hours of operation, and adding another program option. Although 69 percent of CAA-sponsored programs reported making such changes, only 45 percent of school system programs did so; rural programs were also more likely than urban programs to have made such changes; and mixed-model programs were more likely to do so than either full- or part-day programs.

Almost two-thirds of the programs reported that they were able to target recruitment activities toward particular groups because of information from the community needs assessments. The in-depth study programs provide numerous examples of accommodating community needs and changes in those needs, including adopting different program models and assigning families to particular program options. There are also examples of changes in staffing, staff development activities, parent training, new programs and services, establishing a new center or relocating an existing one, providing additional transportation services, establishing coordination with schools and other agencies, and adjusting the boundaries of the target area served. There are also, however, occasional examples of programs failing to respond to community situations, such as continuing to offer a program option that was proving to be unpopular with many parents. Furthermore, because of difficulties in conducting useful community needs assessments (as discussed above), programs do not always perceive the need for program changes.

It is partly on the basis of community needs assessments that in-depth study programs expressed increasing concerns with the needs of families who are slightly over income. Of the telephone survey programs that reported wanting to enroll different types of families, more than two-thirds said they would try to enroll more over-income families. Programs also said that, if more resources were available, they would like to provide additional services, such as transportation, health, handicapped, and social services.

Conclusions:

> Head Start communities have been changing, and programs are making efforts to tailor their offerings to what they perceive as the needs of the eligible population in their communities. Even so, not all programs are conducting regular community needs assessments, and those that do are faced with information that is often inadequate for understanding family needs within their community. Programs therefore have a tendency to fall back on informal judgments based on their personal experience in the community, leaving themselves open to the charge that they "see what they want to see."

Implications:

- Programs need guidance in conducting useful community needs assessments, including advice on the variables that are most useful for program decisionmaking, suggestions for sources of data, and examples of ways of using the information. This guidance must be accompanied by the caveat that census-type data don't tell the whole story of family needs, and that other information on the nature of family problems and the availability of services for meeting those needs must be sought.

Serving the Eligible Population

During this study new estimates were obtained on the percentages of eligible children served by each of the in-depth study programs. In some areas, practically all 4-year-olds are enrolled in some program (either Head Start or a public school pre-kindergarten program) -- the estimated percent of eligible 4-year-olds served ranged from 17 to 97 across the nine sites. In programs where the percent served is low, there was evidence of ineffective recruitment strategies, failure to re-examine the program's service-delivery boundaries, unpopular program options, or changes in parental attitudes toward Head Start.

Head Start programs are required to serve the neediest of the eligible low-income population. The in-depth study provides examples of how programs define the "most needy" and how they go about recruiting and enrolling those considered to be most in need of Head Start services. Programs do make a serious attempt to weigh a number of factors in addition to family income when assessing family needs and take seriously their mandate to serve families most in need. The telephone survey found that the more frequently used enrollment criteria (in order of importance) are family income, child handicap, child age, AFDC recipient, family problems, enrollment in previous year, and sibling in program.

Evidence on how successful programs are in serving the most needy families comes from comparisons (in the in-depth study) of enrolled families with the eligible population and with families who were recruited but not selected into the program (i.e., placed on waiting lists). In most of the program sites, enrolled families come from the lowest end of the income distribution -- in three of the programs more than 40 percent of the families had incomes under $4,000 per year; on the average, 27 percent of enrolled families had incomes below $4,000, and 43 percent were receiving public assistance.

Comparisons of enrolled and waiting list families at the in-depth study sites indicated that once families are recruited the more needy ones are enrolled while the less needy are placed on waiting lists. Enrolled families (in contrast with waiting list families) had lower incomes (about $4,000 less on the average), were more likely to be receiving public assistance, were more likely to be single-parent families, and were more likely to be unemployed. Although telephone survey information is less accurate, a majority of the programs surveyed reported that waiting list families generally have higher incomes, fewer family problems, younger children, and fewer children.

Even though programs are permitted to have 10 percent of their enrollment comprised of over-income families, telephone survey programs reported that, on the average, only 5 percent of their enrollments were over income. In the nine in-depth study sites, where actual family data were examined, 6.4 percent of the programs' enrollments consisted of over-income families. This indicates substantial improvement since the 1975 Comptroller General's report, which reported that 25 percent of enrollees were over income. The major reason for accepting over-income families was cited as the desire to enroll handicapped children, although there was also increasing concern in some programs for the plight of the slightly over-income family.

Since all programs enroll a range of families, not all would be considered the "most needy" by their own selection criteria. When asked what the consequences might be if they were to enroll a higher percentage of "most needy" families, programs reported that there would be a need for additional staff and services, that additional stress and burnout among existing staff would occur, that operating costs would increase, that parents would have fewer "role models" of parents who are "making it," and that the quality of children's classroom experiences might decline with higher proportions of "problem" children.

Programs are not totally successful in maintaining a balance among different racial/ethnic groups that matches the proportions of these groups in the community. There appeared to be discrepancies in five of the nine in-depth study sites, with minority families over-represented and White families under-represented in relation to their proportions in the low-income population of the program's service area. This is partly explained, however, by the lower income levels of minority families. In three of these sites, the median income of the minority families was lower than that of the White families, indicating that by attempting to enroll the more needy families a racial/ethnic imbalance resulted. If racial/ethnic balance is a program goal, the trade-off may be not necessarily enrolling the lowest income families.

Conclusions:

> In many sites Head Start programs are serving relatively high proportions of the eligible population. Where this is not happening, the reason sometimes has to do with factors programs can change, such as ineffective recruitment or unpopular program options. Programs do consider factors other than family income when enrolling children, and programs have been relatively successful in enrolling the more needy families from their communities. Discrepancies in the racial/ethnic balance of enrollments (in relation to the proportions in the community served), exist in about half the in-depth study sites, but are partly due to the lower income of minority families.

Implications:

- In some areas where there are relatively few Head Start eligible children and public pre-kindergarten programs have been instituted, Head Start programs may need to re-evaluate the need for its services or consider ways in which its services might be modified to meet needs that the public schools cannot.
- If programs were to modify their selection procedures so that virtually all enrolled families fall into the category of "most needy," there is the possibility of additional stress on the programs in areas of staffing, training, and the range of services offered.

Recruitment

A wide variety of recruitment strategies are used by Head Start programs, the most popular being "word of mouth" (used by all programs surveyed), contact with other agencies (used by 96 percent), posters or flyers (96 percent), newspaper and radio ads (81 percent), and door-to-door canvassing (74 percent). In order of their judged effectiveness, the strategies are word of mouth, door-to-door canvassing, and contact with other agencies. (Only 8 percent felt posters or flyers were "most effective.") CAA programs are more likely than school-based programs to use door-to-door canvassing and to consider it effective. Word of mouth was judged to be more effective in urban than in rural areas. Based on interviews in the in-depth study programs, it is apparent that door-to-door canvassing is the most effective strategy for recruiting the most needy when there is real contact with parents and not just the distribution of leaflets or flyers, and that this is also the most costly and time-consuming method.

Recruitment activities are most intense in the period from January to June, with almost half the programs reporting that recruitment begins in the April-June period. Over a third of the programs report that recruitment "never ends," but is ongoing throughout the year. A variety of staff are involved in recruitment activities -- more than 80 percent of programs say that parents, teachers and aides, Policy Council members, social service coordinators, parent involvement coordinators, and Head Start directors are involved. Almost all the home-based programs involve their home visitors in recruitment.

Referrals play a major role in recruitment, providing an average of 23 percent of the total enrollment, according to telephone survey responses. (And 10 programs reported that more than 50 percent of their enrollment comes through referrals.) In 60 percent of the programs surveyed, referals take priority over other families in the enrollment process. The agencies that are most frequently cited as providing referrals are agencies serving the handicapped and agencies that typically work with low-income families such as welfare, health, and social service agencies. Over 90 percent of the programs report that they refer families to other agencies in order to help meet the families' needs for childcare.

Conclusions:

> A variety of recruitment strategies are used by Head Start programs, and no single one stands out as most effective for the majority of programs. This suggests that a variety of approaches can be effective depending on local circumstances. Although there are periods in which recruitment is most intense, for most programs the task of identifying families for possible enrollment into the program is an ongoing one. The method considered most effective by the greatest number of programs is word of mouth. It appears that the majority of children are therefore recruited by a strategy that relies on parents taking the initiative to sign up. This may not be the process that is most likely to identify and locate the neediest families. Door-to-door canvassing can be most effective when it involves actual contact with potential families and is not just the distribution of leaflets.

Implications:

- For programs to increase their effectiveness in enrolling more of the most needy families, there may need to be a reassessment of recruitment strategies so that more direct contact with potential families through door-to-door efforts replaces or supplements word of mouth.
- Since the strategy that is most effective in recruiting the most needy (door-to-door canvassing) is also the most time consuming and expensive, Head Start may need to consider putting more resources into recruitment in order to enroll the most needy families.

Selection Procedures

Family income is ranked by survey respondents as the most important criterion for selection into the program. In addition, 70 percent or more of the programs consider such factors as child handicap, child age, whether family is AFDC recipient, presence of family problems, and whether child was enrolled the preceding year.

About 75 percent of the programs use an enrollment or selection committee for selecting families into the program. When there is a selection committee, parents and policy council members are more likely to be involved; when there is no formal committee, the Head Start director is more likely to be involved in the process. Programs operated by the public schools are less likely than CAA-sponsored programs to have a selection committee and instead to rely on individuals to make the selection decisions.

Telephone survey programs reported close to full enrollments (average of 99 percent), but ten programs said they had difficulty achieving full enrollment at some time during the year. Although the number of unfilled slots was less than 1 percent of funded levels on the average, 32 percent of the programs reported unfilled slots as of January 1986 and 47 percent reported unfilled slots as of April 1986. All but one of these programs had enough families on their waiting lists to achieve full enrollment. In-depth study programs maintained enrollments at 97.6 percent of funded levels. This is a more positive finding than that reported by The Office of Inspector General in 1984, which found that over half the grantees were out of compliance with enrollment policy.

Interviews at the in-depth study programs revealed that some programs recruit families who then decline to enroll their children, and over 75 percent of the telephone survey programs confirmed that this happens. The main reason families decline is their mobility, but about a third of the programs said parents decline to enroll their child because of a feeling that their child is not "ready" for preschool. In almost 30 percent of the programs, parents reported not wanting to be separated from their child, and 29 percent of the programs said parents declined because they needed full-day childcare instead of Head Start. Transportation problems interfered with enrollment in 20 percent of the programs. All programs surveyed maintained waiting lists constituting an average of 31.6 percent of their funded enrollments.

Conclusions:

> Family income and other indicators of need (such as child handicap, child age, family problems, and the child's enrollment the preceding year) are considered when selecting children into Head Start programs. Parents and policy council members are more likely to be involved in selection when there is a formal selection committee. After being recruited, a number of families then decline to enroll their children, either because they feel their child is not ready for preschool, the parent is not ready for the separation, or parents need full-day childcare.

Implications:

- When indicators of need other than income are considered in the selection process, needy families who do not have the lowest incomes may be selected into Head Start.
- Guidelines for selection committees might ensure that parents and policy council members have a larger voice in the selection process.

Attendance and Dropouts

At the in-depth study sites, where attendance figures were collected for a randomly selected week from each month between December 1985 and April 1986, daily attendance averaged 79.8 percent across the nine programs for their center-based components. The average ranged from a low of 56.4 percent for a program that was experiencing problems with their buses and competition from a new state-funded pre-kindergarten program to a high of 92.6 percent for another program. In the home-based components of in-depth study programs, the home visit completion rate for the December-April period averaged 90.4 percent, ranging from 77.0 percent for one program to 97.3 percent for another. The telephone survey programs reported average classroom attendance rates of 84.8 percent, 83.2 percent, and 85.5 percent for November, February, and April 1985-86.

Both the in-depth study and telephone survey programs reported that parent or child illness and a variety of personal problems are major reasons for absences. Weather in the winter months was also cited as frequently interfering with attendance. The children who are most frequently absent come from families where there is greater stress (e.g., multiple-problem families, single-parent families, lower-income families, and families that are more likely than the other enrolled families to be unemployed). Program staff exert considerable effort in following up on absences, developing incentives, changing program options, or over-enrolling in order to cope with the problem of low attendance.

The family dropout rate averages 17.9 percent a year, as reported by the telephone survey programs. For the period in which in-depth study program records were examined (December to April), the monthly rate varied considerably, from a low of 0.6 percent in April to a high of 2.1 percent in January. The average dropout had been enrolled for 114 days, and one-third of the dropouts were enrolled for three months or less.

Family mobility is the main reason for dropping out (accounting for about half of all dropouts), but programs also reported reasons relating to family needs for full-day care and parents being unable to get their children to the program consistently. Some of these families might be retained, according to the programs surveyed, if certain changes were made such as providing more transportation, providing more social services, and lengthening the program day.

Conclusions:

> Attendance rates in Head Start programs remain low in comparison with the 85-percent guideline, but it is an issue that programs take seriously and make concerted efforts to deal with. Children who are more frequently absent come from families at the lower end of the income distribution and from families with more problems. Family mobility accounts for about half of all dropouts, but the other half of these families might be retained if programs could provide addi-

tional services or lengthen the program day. Since families who have the greatest difficulty with attendance are the neediest of the low-income population in a number of respects, it is likely that attendance would become even more of a problem if higher proportions of the enrollees were the "most needy."

Implications:

- Programs may need additional resources in order to make the effort required to ensure attendance rates above 85 percent.
- 85 percent attendance may be an unrealistic goal for programs serving multiple-problem families.

Final Comment

ACYF undertook this study with six questions in mind. The findings summarized in this Executive Summary and described in depth in the Final Report provide detailed answers to these questions. At the risk of oversimplifying, brief answers are given here.

1. **Is Head Start reaching only those children and families who are easiest to reach?**

   No. Although there is wide variation from program to program, there is considerable evidence that intensive outreach and recruitment efforts are used by many programs to recruit the most needy families and that at a number of sites a large proportion of the eligible population is being served. Recruitment strategies that create more direct contact with potential families (such as door-to-door canvassing) could be used more frequently than they are, however.

2. **Do present Head Start services conform to the existing needs of the target population?**

   Somewhat. Many programs have tailored their offerings to meet the perceived needs of the families in their communities. There are indications, however, that some families leave the program or decline to enroll in the first place because they do not see the program as meeting their particular needs.

3. **How is need defined?**

   Programs set criteria based on family income as the most important factor, but they also define need in terms of such factors as family problems, handicapping conditions, and health problems.

4. **How can attrition rates be reduced and average daily attendance be increased?**

Since half of all dropouts result from family mobility, there are limits to what programs can do to reduce attrition, although programs believe that more families could be retained if additional services or longer program days could be provided. High absenteeism occurs in families with multiple problems and the lowest income levels. In other words, by serving the most needy families, programs increase their chances of having attendance problems. Absenteeism might be reduced if programs enrolled families that do not have the kinds of problems that interfere with regular attendance, but this would create obvious inconsistencies with program goals. Dropout rates might be reduced if programs re-examined the options offered in light of the needs of families in their communities.

5. **By filling the slots with the most needy, would the costs of the program increase?**

Probably. There is evidence that in terms of family income and child handicaps there is an attempt to enroll the most needy. Most programs, however, define "most needy" in terms of additional factors, such as multiple-problem families. Based on judgments provided by program staff interviewed for this study, it seems likely that if greater proportions of enrollees were in the category of "most needy," there would be a need for additional staff, more staff training in working with multiple-problem families, reconstruction of facilities to better accommodate the handicapped, and perhaps more costly recruitment efforts. Program staff also suggested that non-monetary consequences, such as staff burnout and fewer effectively coping families to serve as role models, might also result.

6. **Should recruitment of the "most" needy be an ACYF initiative?**

No. A major finding of this study is that "need" is not a straightforward concept. Each community has its own characteristics and each family has its own particular combination of strengths and weaknesses that interact with its circumstances to create a set of needs. Among the low-income population there is such a diversity of "needs" that to say only the lowest of the low-income population should be served by Head Start is to narrow the concept of need unrealistically. The implications of this initiative for program staffing, operations, and costs should not be ignored. In an era of generally reduced social services, many Head Start programs have already made cuts in areas where they could sacrifice, such as transportation, nutritionists, and other support staff.

Exhibit 1

COMPARISON OF CURRENT AND PAST FINDINGS ON ENROLLMENT AND ATTENDANCE

Comptroller General (1975)	Current Study
1. 25% of enrollees were overincome	1a. Telephone survey programs estimated that 5.0% of enrolled families were overincome
	1b. In-depth study programs had 6.4% over income
2. Programs operated with under-enrolled classes	2a. Telephone survey programs had average end-of-month enrollments averaging 99.1%, 99.1%, and 98.7% of funded levels for November 1985, February 1986 and April 1986, respectively*
	2b. In-depth study programs had enrollments averaging 97.6% of funded levels over the 4-month period studied (ranging from 85.9 to 104.6%); only one program had average enrollment level below 97% of funded level
3. Programs had low average daily attendance	3a. Telephone survey programs had average daily attendance of 84.8%, 83.2% and 85.5% for November, February and April 1985-86, respectively*
	3b. In-depth study programs had average daily attendance of 79.8%

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*Based on 1986 PIR data as reported in the telephone survey

Exhibit 1

(Continued)

Office of Inspector General (1984)	
1. Over half the grantees were out of compliance with enrollment policy (actual enrollments ranged from 49% to 109% of funded levels)	1a. Average end-of-month enrollments exceeded 98% of funded levels for the telephone survey programs
	1b. In-depth study programs had enrollments averaging 97.6% of funded levels over the 4-month period studied (ranging from 85.9 to 104.6%); only one program had average enrollment level below 97% of funded level
2. Over one-fourth of grantees had average daily attendance (ADA) below 80% of funded enrollments; 53% were below 85% ADA	2a. Telephone survey programs had average daily attendance of 84.8%, 83.2% and 85.5% for November, February and April 1985-86, respectively*
	2b. In-depth study programs' attendance ranged from 56.4% to 92.6% of funded enrollment; the average was 79.8%
3. Program records may not accurately reflect true enrollment and attendance rates	3a. Telephone survey did not examine records
	3b. In-depth programs were found to have numerous errors in their reports on enrollments, attendance and dropouts

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*Based on 1986 PIR data as reported in the telephone survey

Exhibit 1

(Continued)

4. Head Start was primarily serving children and families at the upper levels of the poverty range	4a. Telephone survey did not examine this issue 4b. 3 of the 9 in-depth programs had more than 40% of their families with incomes under $4,000 per year; on the average, 27% of enrolled families had incomes below $4,000; 43% were receiving public assistance; across the in-depth study sites, median family income category averaged $5,400-6,400, compared to $9,700-10,700 for waiting list families
5. Head Start enrollment was not representative of the racial/ethnic mix of the community: minority groups were overenrolled and White families underenrolled in relation to their proportions in the poverty-level population	5a. Telephone survey did not address this issue 5b. There was some discrepency in 5 of the 9 in-depth study sites, with minorities over-enrolled and White families under-represented; in three of those sites, however, minority families had lower income levels than White families

I

PURPOSE AND BACKGROUND OF THE STUDY

Introduction

Current estimates are that the national Head Start program is serving approximately 18 to 20 percent of the children who are eligible according to the poverty guidelines. A number of studies have been conducted in the past decade to investigate the nature of Head Start's recruitment and enrollment efforts, the characteristics of enrolled children and families in comparison with the total eligible population, and possible ways in which more children and families could be served. None of these studies, however, has included a nationally representative sample of Head Start programs and communities on which to base its conclusions. The present study was planned to provide a more thorough investigation of these issues than has previously been possible.

In its report and recommendations for Head Start in the 1980's, the Fifteenth Anniversary Head Start Committee (1980, p. 34) identified the "principal challenge" facing the program as one of "how to respond to changing demographics and serve more of the eligible population while at the same time protecting program quality." This study of Head Start recruitment and enrollment was designed to address this issue of maximizing services for the most needy children among the Head Start eligible population and providing the most benefit for them.

The Head Start Program Performance Standards (ACYF, 1984) specify that "the recruitment process should systematically seek out children from the most disadvantaged homes," and that "special emphasis should be placed on recruiting and enrolling from and coordinating with other agencies which are serving only some of the children's needs" (p. 53). Furthermore, when evaluated with the Administrative Self-Assessment/Validation Instrument, programs must demonstrate that they have a system for ensuring that (a) sufficient numbers of handicapped children are recruited to contribute to the state-wide goal of no less than 10 percent, (b) children enrolled are between the age of three and compulsory school age, (c) enrollment preference is given to children from the poorest families, and (d) family income is documented. Regarding enrollment, programs must (a) ensure full enrollment within the first 30 calendar days of the school year, (b) maintain their funded enrollment levels throughout the year, and (c) document absences, determine their causes, and take prompt action when average daily attendance falls below 85 percent of enrollment.

Recruitment and enrollment practices vary widely from program to program, although there is little systematic information on the extent of this variation. In terms of recruitment, there are programs that launch full-scale efforts including a community needs analysis followed by such activities as door-to-door canvassing of low-income neighborhoods, radio and TV announcements, notices in laundromats, newspaper articles and referrals from other agencies. Other programs are able to fill their enrollment slots simply by waiting for "walk-ins." In terms of enrollment, there are variations in income levels of the families actually enrolled, ages of children accepted, whether siblings are given preference, and so forth. National and local policies regarding program options create additional variations. For example, part-day programs are less attractive to single-parent working families than full-day programs.

There have been some systematic data collected on recruitment and enrollment practices within the last decade, though the studies are somewhat dated. Ten years ago the Comptroller General (1975) identified three administrative problems in Head Start operations:

- Grantees were serving ineligible families;
- Programs were operating with under-enrolled classes; and
- Programs had low average daily attendance.

In identifying these problems, the Comptroller General had surveyed a small sample of programs during the 1973-74 school year. The study found that some 25 percent of the authorized enrollees were children from non-poor families. (ACYF guidelines permit 10 percent of enrollees to be above income.) In these programs, two-thirds of the ineligible families exceeded the eligibility limit by $1,000 or more. Furthermore, it was found that programs either did not have adequate procedures for verifying family income or they misinterpreted the eligibility guidelines. In some grantees, according to this report, there was no systematic selection of the most economically disadvantaged families.

A decade later, the Office of Inspector General issued a "program inspection" report (OIG, 1984) based on a two-year study of 57 grantees. Some of the key findings were the following:

- Over half of the grantees were out of compliance with enrollment policy (monthly actual enrollment ranged from 49 percent to 109 percent of funded levels);
- Over one-fourth had an average daily attendance below 80 percent of funded enrollment, and 53 percent were out of compliance with the 85 percent regulation;
- Program records may not accurately reflect true enrollment and attendance rates;
- Head Start was primarily serving children and families at the upper levels of the poverty range; and
- Head Start enrollment was not representative of the racial/ethnic mix of the community, with minority groups overenrolled and white families underenrolled in relation to their proportions in the poverty-level population.

In 1978 there was a major expansion effort within Head Start. This was, in part, an attempt to reach more of the under-served and unserved areas within states and communities. Following this effort, there were still wide variations in the extent to which programs were serving eligible children. Although nationally the program serves only about 20 percent of the eligible children, it is not known to what extent the 80 percent (about 2 million children) represent unserved children within existing Head Start program catchment areas or completely unserved communities and geographic areas. On the basis of a 1981 GAO report (Comptroller General, 1981), it is known that there is wide variation among states. The following figures taken from that report illustrate the extremes (from 9 to 67 percent) in the percentage of eligible children served (for the ten states which received the largest fund allotments for fiscal year 1977):

Puerto Rico	9%	North Carolina	17%
California	14	Pennsylvania	18
Florida	14	Illinois	19
New York	14	Ohio	21
Texas	14	Mississippi	67

There have been several years of expansion since 1977, aimed at serving more children, and in fact there are indications from the present study that the percent of the eligible population served has increased in some sites (see Chapter IV).

Little is actually known about the differences between the served and the unserved Head Start-eligible population, but what evidence there is suggests wide variations from community to community. In the 57 programs sampled by the Inspector General's study cited above, there was considerable discrepancy between the ethnic distribution of enrolled children and the distribution of persons under the poverty level in the communities served. Although 29 percent of the Head Start children were White, 54 percent of the poverty-level population was White; 39 percent of the Head Start children were Black and 26 percent of the poverty-level population was Black; 26 percent of the Head Start enrollment was Hispanic and 17 percent of the poverty-level population was Hispanic.

In 1980 the Fifteenth Anniversary Head Start Committee report suggested that the proportion of working parents is somewhat lower among Head Start families than among the low-income families not served. And the GAO studies cited above lead us to infer that family income may be higher among the enrolled families. It is, of course, very likely that the families that are most negatively affected by poverty, ill health and poor housing are those least able to garner the resources to successfully seek out program services on their own, and, therefore, are those for whom special recruitment efforts are needed.

Policy Questions Addressed

There are several ways in which the issues of this study can be described. The basic policy issue, however, boils down to the following: How can the Head Start program ensure that:

1. Local programs will provide services to the maximum number of children and families possible?
2. The children and families served will be those who most need the program?
3. Those needing and receiving services will most benefit from the program?

The Administration for Children, Youth and Families is concerned with six policy questions that this study was designed to address:

1. Is Head Start reaching only those children and families who are easiest to reach?
2. Do present Head Start services conform to the existing needs of the target population?
3. How is need defined?

4. How can attrition rates be reduced and average daily attendance be increased?
5. By filling the slots with the most needy, would the costs of the program increase?
6. Should recruitment of the "most" needy be an ACYF initiative?

These policy questions represent four types of study efforts. The first three questions primarily required the collection and analysis of factual information -- the nature of the families and children enrolled, the relationship of program services to client population needs and the ways in which programs define "need." Question 4 seeks recommendations, based on an analysis of information gathered. Question 5 required the study to make estimations of the impact of possible changes in enrollment practices. The last question is a policy issue for which the findings of this study provide information to guide ACYF decisionmaking.

Context of the Study

The task of gathering, interpreting and reporting information was carried out within the context of the nation's most comprehensive and most enduring program of services for children and families. This context required sensitivity to the nature of the Head Start program. Head Start has traditionally maintained a philosophy supporting local program options that permits each grantee to implement a program tailored to the needs of its community. At the same time, the national office has recognized the need for national standards of service and quality. In deriving recommendations for recruitment and enrollment, therefore, this study must be sensitive to this tension. We believe that recruitment and enrollment practices can be designed so that local options are still feasible, and that sufficient controls can be built into the procedures so that national policy is not thwarted in the name of local variation. This may mean, for example, that there should be strict guidelines or requirements for conducting community needs assessments, but that local programs be given leeway in deciding which areas of need to focus on.

A second concern is the context of local community services for children and families. There are a large number of agencies operating at the state and local levels with very little coordination among them. This means that it is not only difficult for Head Start grantees to provide the necessary mix of direct service and referrals and to conduct their needs assessments, it is also impossible for national guidelines to dictate particular patterns of service provision -- the program services that are most critical in one community may be less important in another.

A third concern is the potential practical consequences, or side effects, of any recommended changes in recruitment and enrollment. Many of the recommendations that could conceivably derive from this study could have significant effects on program operations and costs. For example, a raising of income-eligibility guidelines would increase the number of eligible children, possibly having the unintended side effect of serving fewer of the poorest families. New recruitment procedures might mean that staff would need training in their implementation. If more vigorous recruitment efforts lead to over-recruitment and longer waiting lists, then programs would need help in dealing with potential adverse community reaction to the frustration of families being recruited and then not receiving services.

Finally, it should be pointed out that, even though this study focuses on recruitment and enrollment, some of the purposes may not be achievable simply by altering recruitment and enrollment standards or guidelines. For example, child and family dropout rates might, in part, be a function of scheduling conflicts between working single-parent families and a grantee that provides only a part-day program. In addition to changing recruitment practices, therefore, it may also be necessary to suggest alternations in some basic programmatic features of the program. This should only be done with a clear understanding of the potential impacts of such suggestions for national Head Start policy.

A major concern throughout this study has been the concept of "need." Need is typically defined in terms of family income, as when the administrative SAVI judges programs on whether enrollment preference is given to children from the "poorest" families. The Head Start Performance Standards, however, express the requirement in terms of seeking out children from the most "disadvantaged" homes, where the definition of disadvantaged is left to local discretion. It may be in terms of income, but it also could be interpreted in terms of other factors, such as the nature of the children's handicaps, the health status of the parents, parents' level of education, the child's level of social or cognitive functioning, and so forth.

As Stipek, Valentine and Zigler (1979) have pointed out, "poverty level" is an arbitrary cut-off point, not an index of actual need, and "economically disadvantaged children are not a homogeneous group of deficient children in need of a single type of intervention program" (p. 489). Because of the policy implications for this study, it is worth quoting further:

> Many disadvantaged children, like their more affluent middle-class peers, have perfectly adequate homes and are in no serious need of any compensatory or preventive program. Some need medical attention or special educational help; others just need opportunities to interact with peers. Some handicapped children, rich and poor, need an intensive program from birth through age eight and beyond. In fact, many economically advantaged children are in need of some kind of special attention. Ideally, Head Start should be tailored to the individual needs of the child. Thus it is important from a programmatic standpoint to base the program content on the unique characteristics of the populations being served (Stipek, et al., 1979, p. 489).

A similar difficulty exists when we attempt to understand the term *benefit* in the statement of the basic policy question of the study. Benefits can also be objective or subjective and can differ depending on who is judging them. The single parent with four children under the age of six living in inadequate housing with minimal space and amenities may perceive a tremendous benefit in having her two older children participate in a center experience for three hours a day. The program's education coordinator, however, may declare that the family is not really "benefitting" unless these children demonstrate significant gains on standardized measures of school readiness.

In either case, the only way in which policymakers can take potential benefits into account in making decisions about altering recruitment and enrollment standards is on the basis of predicting from known circumstances what the benefit is likely to be. Staying with the above example situation for a moment, one could make a decision on whether to enroll these two children on several different bases: (1) the decision could be based on a prediction that providing center-based experiences for the children will greatly improve the family situation in many ways (providing some relief for the mother, permitting the two younger children to receive more of the mother's attention for that time period); (2) the decision could be based on a prediction that the children's health and nutritional status will be improved through meals provided by the program, and at the same time the mother will be able to allocate her limited resources to provide better nutrition for the younger children; (3) if a preschool screening test were given as part of the enrollment procedure, and if these children scored particularly low, the decision might be to enroll them on the prediction that low-scoring children will gain more by the end of the first year than children with higher initial scores (Collins, 1983). As this example illustrates, policymakers must be aware of the alternative definitions possible for the terms "need" and "benefit" before making decisions about services.

II

STUDY METHODS

The methods used in this study represent a melding of the strengths of two different approaches -- an in-depth "case study" method to obtain detailed information on a small number of programs and a larger-scale telephone survey to obtain some of the same information on a nationally representative sample of programs. The in-depth study combined qualitative and quantitative methods, but relied most heavily on qualitative methods. The telephone survey was more quantitative. In addition to providing complementary techniques of information gathering and analysis, the two procedures were designed so that one built upon the experience of the other. The case studies were conducted first, the information contained in those in-depth interviews was analyzed, and this experience used to design telephone survey questions that were able to focus on the important issues for which programs would be most likely to have information available. The procedures used in both parts of this study are described in this chapter.

At the outset of this study principal investigators of ten ongoing studies were convened to discuss possibilities of collaboration or data sharing. A synopsis of the discussions held and information about those studies are included in Appendix D of this report.

In-Depth Study

The in-depth study, using a sample of nine programs, was designed to follow methodologies used successfully in a number of previous Head Start studies. Qualitative methodologies have gained increasing acceptance in recent years (e.g., see Miles & Huberman, 1985) and can be extremely useful when the purpose is to gain an understanding of the nature of particular phenomena, in this case factors related to recruitment and enrollment.

Sample Selection

The sites selected for this study were Head Start grantees or delegate agencies. All Head Start programs were considered for inclusion except the following: Native American and Migrant program grantees, programs funded to serve fewer than 50 children, programs located outside the contiguous 48 states, programs started in FY 85 or later, any "innovative" programs, any old delegate agencies that became a new grantee with the latest expansion, and any programs experiencing "management" problems (or otherwise deemed inappropriate for inclusion by the regional office).

One of the purposes of the nine case studies was to determine the availability of information on recruitment and enrollment practices in different types of sites. Thus, it was important that the in-depth study sites provide maximum diversity on various factors that might affect information availability. It was also important to identify and select variations along factors that are potentially related to recruitment and enrollment practices, per se. Thus, the procedure for selecting case study sites was to sample grantees in such a way that the total sample would represent diversity on a number of variables that might be related to information availability as well as recruitment/enrollment practices.

The basic purpose in selecting a small sample of nine programs was to choose programs that would reflect wide variations on the factors that might be expected to influence recruitment and enrollment practices. Here the purpose is not statistical representation, as the telephone survey's is, but representation of a range of issues. In presenting the case for the value of case studies, Green and David (1984) have made the following point:

> The sample represents the population adequately to the extent that it allows the cross-site analysis to take into account all the reasonable and relevant combinations of contextual conditions that might serve to qualify or limit conclusions from the study (p. 83).

Discussions with ACYF staff indicated that there are at least eleven variables that describe "reasonable and relevant" conditions that may relate to information availability and to recruitment/enrollment practices. All of these variables, with two exceptions, were obtainable from the Program Information Report (PIR) data file maintained by ACYF. For the first exception, percentage of eligible children served, a printout prepared by ACYF ("Points Assigned to Counties Based on Need for Service," July 2, 1985) was used to provide estimates of the percentage of eligible children served within the county in which each program is located. For the second exception, presence of state mandated pre-kindergarten programs was obtained from a state survey compiled by Morado (1985).

The principal goal in selecting the in-depth study sites was to obtain a sample that represents the desired diversity on each of the eleven sampling variables. In most cases the desired diversity reflects the actual distribution of Head Start grantees on these variables. In some cases, however, the desired distribution is a function of other considerations, e.g., certain types of programs are of greater interest than others.

Listed in Table II-1 are the eleven variables that were used in selecting Head Start grantees for the case study phase of this study, along with the levels of each variable used in selecting sites. After considering the frequency distributions of grantees for each of these variables and discussing the relative importance of certain types of programs, RMC Research and ACYF staff jointly determined the desired distribution of the nine case study sites on each variable. These frequencies are shown in Table II-1.

TABLE II-1
SELECTION VARIABLES FOR IN-DEPTH STUDY SITES

VARIABLE	LEVEL	NUMBER DESIRED	NUMBER OBTAINED
Program Model (Type of Program)	Standard Full Day	1	1
	Standard Part Day	1	1
	Double Session	1	0
	Home-Based	1	1
	Variations	1	0
	Mixed	4	6
Type of Agency	Community Action Agency (CAA)	4	4
	School System	2	3
	Private/Public Non-Profit	3	2
Geographic Region	Northeast (HEW Regions I and II)	2	2
	Mid/Southeast (III and IV)	3	3
	Midwest (V, VI and VII)	2	2
	West (VIII, IX and X)	2	2
Program Size (Funded Enrollment)	50-100	2	1
	101-200	3	3
	201-400	2	1
	Over 400	2	4
Area Served	Urban	3	3
	Rural	3	4
	Mixed	3	2
Racial/Ethnic Composition	Over 60% Black	2	1
	Over 60% Hispanic	2	0
	Over 60% White	2	3
	Mixed (no group more than 50%)	5	5
Attendance Rate	85% or over	5	5
	Under 85%	4	4
Dropout Rate	Less than 15%	2	6
	15-25%	5	3
	Over 25%	2	0
Average Age of Children Served	Less than four	2	
	Four	5	
	Over four	2	
Percent of Eligible Children Served	50% or more	4	6
	Less than 50%	5	3
State Mandated Preschool Program	Location in state with mandated program	4	4
	Location in state without mandated program	5	5

In order to select nine sites that would come closest to matching the above distributions on each of these variables, the following three-step procedure was employed. First, all Head Start grantees were sorted into categories representing the six different program models. Next, one of the model categories was selected at random and a grantee was selected randomly from that category. The third step introduced judgment, as eight additional grantees were selected from the other model categories such that the distribution of all nine sites on each sampling variable corresponded as closely as possible to the above desired distributions.

This procedure was implemented using a printout of a file that contained no grantee identification other than the PIR identification number. Sites were selected only on the basis of their characteristics with respect to the above eleven variables. After the sample of nine sites was selected, nine lists of additional grantees were generated to provide "substitute" sites for each of the original nine. Each additional site in any given list had the same (or very similar) characteristics on the eleven sampling variables as the sampled site for which it was a "substitute." Thus, if one or more of the sites in the original sample had to be omitted due to the exclusion criteria discussed above, a substitute site was available from the appropriate list. As the numbers in the "obtained" column show, the selected programs provide a fairly good match with the desired distribution. All program models are represented among the selected programs (see Table IV-2 in Chapter IV), but no programs were selected that were only double sessions or only variations in center attendance. The intention to select sites with predominantly (over 60 percent) one racial/ethnic group was not so successful because there were so few programs that met that criterion as well as others (e.g., size). Similarly, the intended distribution of programs by size was only approximated, and the final sample contained a larger proportion of programs with more than 400 enrolled children than was intended. The match on dropout rate and percent of eligible children served was not perfect because the actual data were different than what was expected on the basis of the PIR (i.e., actual dropout rates were found to be lower than expected).

Data Collection

After the study's information needs were thoroughly reviewed with ACYF, interview questions were formulated and the most likely sources for obtaining the information were identified. Questions were then organized into either interview forms or other data collection forms. The contents of all the data collection instruments are described in Appendix C. The in-depth study instruments included the following:

Interviews
- -- Head Start Director Interview
- -- Recruitment Staff Interview
- -- Policy Council Representative Interview
- -- Other Childcare Agency Director Interview

Checklists
- -- Family Records Review
- -- Waiting List Family Records Review
- -- Attendance Records Review
- -- Recruitment Records Review
- -- Program Information Update

Information Forms
- -- Information on Enrolled Children and Families
- -- Information on Waiting List Children and Families

In addition, three forms were developed to collect more detailed information on attendance and dropouts. These were submitted monthly by the nine in-depth study programs.

Once the candidate sites were selected, RMC Research telephoned the Regional Offices of those sites to discuss the study with the regional director and/or the program specialist and to seek further information that would permit selection of the final nine sites. After site selection was finalized, the directors of the nine programs were contacted by telephone and the site visits scheduled. The program director was asked to identify potential respondents, including the social service coordinator, those responsible for recruitment and enrollment, and members of the policy council or committee. Information on other childcare agencies in the community was also obtained as possible sources of information on community needs.

A two-day training session for site visitors was held in October 1985. The training session began with an in-depth discussion of study purposes, questions and issues, followed by a review and discussion of Head Start program goals, requirements for community needs assessments, recruitment and enrollment. This ensured that project staff had a common understanding of the purpose of the study and the major questions and policy issues to be addressed. This also provided a basis for understanding the conceptual framework of the study, the variations that might be anticipated at different sites, and some of the unexpected problems or opportunities that may present themselves to site investigators. Site protocol procedures were discussed to ensure that site visits were carried out with a consistent approach and understanding. All interview protocols and site visit procedures were discussed and staff participated in role playing of interviews to deepen their understanding of the interview questions and to identify any problems with the way these questions were presented.

After the initial telephone contact with the Head Start Program Director, a letter was sent that summarized the conversation, including the time for the site visit, who the site visitors will be and he potential respondents. Three site visits were conducted and that experience reviewed with ACYF before the other six programs were visited.

A typical schedule for the site visits was as follows:

Day 1, morning	Head Start staff orientation Meet with grantee Executive Director Interview Head Start Director
Day 1, afternoon	Conclude Head Start Director Interview Review community needs assessment, recruitment materials and related documents
Day 2, morning	Work with Head Start staff on tabulating enrolled and waiting list child and family data Interview staff responsible for recruitment
Day 2, afternoon	Interview parent on policy council/committee knowledgeable about recruitment and enrollment Visit Head Start Centers Review notes and identify gaps in information
Day 3, morning	Interview staff of other childcare agencies serving Head Start eligible families Visit Head Start Centers
Day 3, afternoon	Continue interviews with other agencies Follow up leads for other sources of information Assist Head Start staff with compiling child & family data
Day 4, morning	Review information for possible gaps and take corrective steps as needed to fill gaps Meet with Head Start Director to "debrief"

Analysis

After the site visits were completed, analysis and case study writing began. Preparing the individual case study reports according to a standard outline constituted the within-site analysis. Both quantitative data from the various information-gathering forms and qualitative information from the staff interviews were used in preparing the case study reports (see Appendix B). This within-site analysis and writing was completed by the RMC Research staff person who had conducted the on-site interviews, and then reviewed for consistency by the In-Depth Study Coordinator and the Project Director.

Cross-site analysis was conducted by creating site-by-question matrices on which the responses by each site to each interview question could be entered. This facilitated the cross-site comparisons. Once the information was organized, the comparisons drawn and the analysis written, it was reviewed by the individual site visitors to ensure that misinterpretations or misrepresentations had not inadvertently entered into the analysis. The results of this cross-site analysis are found in Chapter IV.

Telephone Survey

After preliminary analysis of the nine in-depth study programs was completed, the telephone survey instrument was designed. This section describes how the sample for the survey was selected and how the information was collected and analyzed.

Sample Selection

The universe of 1,901 Head Start programs in the continental United States was stratified by geographic area and program model. The number of respondent units in the universe and in the corresponding proportional number for the sample in each stratum for the planned sample is shown in Table II-2.

Table II-2
SAMPLING FRAME FOR TELEPHONE SURVEY

	Universe			Sample		
	Geographic Area			Geographic Area		
	Urban	Rural	Total	Urban	Rural	Total
CAA	427	297	724	17	12	29
School	232	144	376	9	6	15
Private/ Non-Profit	411	144	555	16	6	22
Other	95	151	246	4	6	10
Total	1,165	736	1,901	47	34	76

The potential respondent universe contained all Head Start programs that submitted a Program Information Report (PIR) for FY 1985 indicating that they were either a grantee which directly operated a program or that they were a delegate agency.

There were two stratification variables for the sampling: Type of Agency (Item 4 of the PIR) and Area Served (Item 5 of the PIR). Type of Agency included four categories: (1) Community Action Agency; (2) School System; (3) Private, Non-profit Agencies; and (4) All Other. The "other" category included a very small number of local governments, Indian tribes and single-purpose agencies. Area Served consisted of two categories: (1) Urban checked; and (2) Urban not checked. (Programs were allowed to check as many "Area Served" choices as applied in FY 1985: the distinction sought was between urban and non-urban programs, and this definition best approximated that distinction.)

The probability of sampling any program from all of these eight strata was equal to the total number of programs sampled (76) divided by the total number of programs in the potential respondent universe (the sampling frame). Sampling was accomplished by proportional allocation -- allocating the number of programs to be sampled to the different strata in proportion to the total number of programs in each stratum. For example, since 22 percent (427 out of 1,901) of the Head Start programs in the sampling frame are Community Action Agency programs that checked "Urban" as the area served, then an effort was made to draw 22 percent of the sample (17 programs) from that stratum.

The actual selection process employed systematic sampling as an approximation of random sampling. Specifically, all programs in the sampling frame were sorted by Type of Agency and Area Served. Then, after a random start, every 25th program was selected (i.e., the total number of programs in the sampling frame divided by 76).

Data Collection

The experience of the nine case-study interviews was used to develop the telephone survey instrument. The basic development procedures were the same as those followed in developing the case study interviews, and involved the following steps:

- Identification of specific questions from the case study interviews;
- Re-wording of questions as necessary to facilitate administration in telephone format;
- Design of procedures for training interviewers;
- Try-out of telephone interviewing procedures on a small sample of "typical" respondents, not from the survey sample pool;
- Submission of draft interview forms and procedures to ACYF for review and approval; and
- Revision and finalizing of telephone survey instruments.

The telephone survey interview forms were completed and approved by ACYF by the middle of February 1986 and then submitted for OMB clearance. Since OMB clearance was not received until June 1986, the first mailing to the sample sites was made at a time when programs were beginning to close down for the summer. Although some interviews were conducted in August, the bulk of them were completed in early September. Three trained interviewers conducted all the telephone interviews, which averaged 90 minutes in length.

A two-stage process was followed for the survey data collection. First, each program sampled was sent a letter explaining the purpose and importance of the survey and outlining the types of information that would be sought. In the case of questions that required the respondent to review program records (e.g., attendance rate for a particular month), the respondent was told in advance that these specific questions would be asked so that he/she could obtain the information prior to the telephone interview.

Of the sample of 76 programs, one was in the process of being defunded so was not interviewed on the advice of the regional office, and another refused to participate because of lack of time. The final sample thus consisted of 74 programs (see Chapter III).

Analysis

For each item on the telephone interview frequency distributions and descriptive statistics were generated (see Appendix A). In addition, crosstabulations and Chi-square tests were computed for the categorical variables to examine relationships with type of agency, program model offered, and area served (urban - rural). Analysis of variance or t tests were computed for continuous variables (e.g., size of waiting list). These analyses are described in Chapter III.

III

FINDINGS FROM THE TELEPHONE SURVEY

In August and September 1986 a telephone survey was conducted with 74 grantees and delegate agencies. The sample of 74 was selected according to a stratified random sampling approach so that programs operated by different types of agencies and located in rural and urban areas would be included in the sample in proportion to their frequency of occurrence among the 1,901 programs submitting a 1985 Program Information Report (PIR).

This chapter presents the findings from this survey. After reporting background information on the sample programs, findings relating to community needs assessments, recruitment strategies, referrals, enrollment, and attendance and dropouts are discussed. For convenience of presentation, this discussion follows the order in which questions were asked on the survey. The survey form can be found in Appendix A, showing the response frequencies for the total sample. Analyses were conducted to investigate whether there was a relationship between survey responses and three major program features -- program model (full-day, part-day, mixed, other), agency type (CAA, school, other), and area served (urban, rural). When the Chi-square statistic was significant at the .10 level, a difference is reported here under the assumption it may have potential practical importance for the program.

Background Information

The 74 programs sampled for this study were funded to serve a total of 22,709 children. Their actual enrollment of 25,417 children was 112 percent of their funded levels. Fourteen of the programs also enrolled an additional 2,455 children who received full Head Start services but who were funded from non-ACYF sources.

The racial/ethnic composition of the enrollment of these 74 programs was as follows:

White	39.6 percent
Black	44.3 percent
Hispanic	12.9 percent
Asian/Pacific Islander	2.4 percent
American Indian/Native Alaskan	0.8 percent

The table below shows the distribution of programs by program model(s) offered, type of agency operating the program, and area served by the program. All 74 programs served 4-year-olds; 68 also served 3-year-olds; and 59 also served 5-year-olds. Ten programs included children under age three in their enrollment figures and six included 6-year-olds. Sixty-nine programs (i.e., 93 percent of the sample) enrolled children who were in their second year. The total second-year enrollment for the sample programs was 5,299

TABLE III-1

DISTRIBUTION OF PROGRAMS INCLUDED IN SURVEY SAMPLE

Urban Area	Program Model						
	Full Day	Part Day	Double Session	Home Base	Variations in Ctr Att	Mixed	Total
Agency Type							
CAA	1	2	2	0	2	3	10
School	1	8	1	0	2	1	13
Other	1	3	1	0	1	3	9
Total	3	13	4	0	5	7	32
Rural and Mixed Areas							
CAA	3	4	0	2	2	11	22
School	2	1	0	1	0	3	7
Other	1	2	1	0	3	6	13
Total	6	7	1	3	5	20	42
All Areas	9	20	5	3	10	27	74

or 23 percent of the programs' funded enrollment. (17.7 percent of the second-year children were enrolled for less than six months.) Twenty-three percent of the programs included third-year children, but the total number was only 103 children (less that one-half of 1 percent of the total funded enrollment of the 74 programs).

The average daily attendance of these programs was very close to the 85 percent minimum required by ACYF guidelines. For the three months on which data are recorded for PIR purposes (November, February and April), the overall average daily attendance for the 74 programs was 84.8, 83.2 and 85.5 percent, respectively, when calculated as a percent of total funded enrollment. Calculated as a percent of end-of-month enrollment, the average daily attendance was 85.6, 84.0 and 86.6 percent for the three months.

Of the 73 programs reporting dropout information, the overall dropout rate was 17.9 percent. Ninety-three percent of these children were replaced during the program operating year, and 97 percent of the replacements occurred within 30 days. Only 6.9 percent of the total funded enrollment were in the program for less than three months.

Sixty-eight of the sample programs were able to provide an estimate of the number of single-parent families enrolled. A total of 11,573 single-parent families were enrolled in these programs, representing 51.7 percent of their total funded enrollment. Of the 61 programs that were able to provide an estimate, the percentage of single parents who were fathers was 0.9 percent.

Community Needs Assessment

It is difficult to obtain useful information on the communities served by Head Start programs in a brief telephone interview. The survey did, however, include a number of questions relating to the community. Programs were asked to estimate the percentage of Head Start-eligible children in their service delivery area who were enrolled in the program (item F-1). The estimates ranged from 1.0 to 100.0 percent, with an overall mean of 42.3 percent. The highest estimates were given by programs operated by the public schools, by full-day programs and by programs in rural areas. The means for the different categories of programs were as follows:

Agency Type	Estimated Percent Served
CAA	43.4
School	46.7
Other	37.0
Program Model	
Full-day	48.6
Mixed	45.3
Part-day	38.7
Other	37.2
Area Served	
Urban	38.8
Rural	44.8

Programs were also asked to estimate the percent of Head Start eligible children in their service delivery area who are enrolled in other child development programs (item F-2). On the average, programs estimated this to be 19.9 percent, and there was little variation as a function of type of program.

Interviews at the in-depth study sites revealed a number of concerns about education and childcare for young children. Nine statements were formulated on the basis of these concerns and read to the telephone survey respondents (item F-3). There was considerable agreement with the statements that telephone interviewers read to the program respondents. The percent of programs agreeing with each was as follows:

There is a need for more child care services in the area	93.2
There is not enough infant care	93.2
There is not enough child care for the working poor	91.9
There is not enough support from private industry for child care services	91.9
Many children are being cared for by relatives	85.1
There are not enough child care services for teen-aged parents	85.1
Large numbers of eligible families are not being served	71.6
Head Start is the only program for AFDC parents	45.9
Practically all eligible children are enrolled in a program	18.9

In addition, there were small numbers of programs (between 1 and 4) that offered their own assessments, including "not enough services for handicapped children," "too much informal, unlicensed childcare," and "not enough after-school care."

The interview asked a number of questions about the procedures and results of local community needs assessments conducted by Head Start programs. Head Start programs are required as part of their grant application to conduct a complete community needs assessment every three years and to update it annually. Survey questions dealt with the frequency of needs assessments, the types and sources of information used, the community changes programs have observed and the use to which needs assessment information is put.

The Nature of Community Needs Assessments

Survey items A-1a and A-1b in Appendix A show the number and percent of programs conducting needs assessments in each of the last four years. Eighty percent of the programs reported that they had conducted a complete, formal community needs assessment within the last four years (1983 to 1986). About 64 percent of the programs had completed a needs assessment within the last three years (1984, 1985 or 1986). However, only 33 programs (45 percent) had completed either a complete needs assessment or an annual update in each of the last three years, i.e., had followed guidelines for conducting at least a triennial needs assessment and annual update. Eleven programs (15 percent), on the other hand, reported that a complete community needs assessment had been done every year for the last four years.

There was some tendency for programs operated by community action agencies (CAAs) and other non-profit agencies to be more likely than public school based programs to have conducted a formal needs assessment within the last four years, although this Chi-square statistic was not significant.

Percentage of programs conducting needs assessments:

CAA (N = 32)	81.3
School (N = 19)	68.4
Other (N = 22)	90.9

The incidence of needs assessments did not differ according to whether programs were urban or rural or according to type of program model operated.

Item A-2 in Appendix A shows the types of information programs reported using in compiling their community needs assessments. Of the programs that reported conducting a formal needs assessment, there were six types of information used by 70 percent or more of the programs. They are listed below, along with the percent of programs (out of the 59 that had conducted needs assessments) responding that they used the information:

Number of families below the poverty level	98.3
Number of families on AFDC	94.9
Number of families with preschool-age children	93.2
Ethnic composition of the community	93.2

Number of single-parent families	89.8
Employment or unemployment data	89.8
Number of working mothers	71.2

Most of the information that was most frequently used would inform programs about the extent of the low-income population in their community (number of families below poverty level or on AFDC, employment data, etc.). In addition, however, programs are clearly concerned with knowing more about the nature of their low-income population. This is seen in their efforts to learn about the ethnic composition of the community and something about family structures (incidence of single-parent families). Somewhat less frequently, programs also obtained information on other population characteristics such as the number of children eligible for free lunch programs (57.6 percent) and on community characteristics such as the availability of subsidized daycare (69.5 percent). Very few programs reported using information that would identify other characteristics of the population such as the number of teenage parents, number of handicapped children, or statistics on the incidence of such factors as child abuse, drug and alcohol abuse or social problems. Information of this nature is often more difficult to obtain in a meaningful form.

Programs operated by public schools were less likely to use employment/unemployment data or information on the availability of subsidized daycare.

Percent using employment/unemployment data:

CAA	100.0
School	76.9
Other	85.0

Percent using information on availability of subsidized daycare:

CAA	73.1
School	46.2
Other	80.0

Programs were asked to rank all their sources of information in terms of usefulness in providing community needs assessment data (Item A-3). The following agencies were useful sources of data for at least half of the 55 programs that responded to this question. They are listed in order of average rated usefulness, with the most useful listed first. Local agencies, with whom programs had most direct contact, were perceived as the most useful sources of information, with the most useful source of information on the average being the local welfare department (50 programs reported obtaining needs-assessment information from this source).

Agency Used	Number of Programs Using	Mean Rank
Local welfare department	50	1.8
Local school district	51	2.9
Other local agency	29	3.0
Local childcare resource and referral agency	39	3.9
Local unemployment office	38	4.2
State Title XX childcare	27	4.7
State licensing official	28	5.2

The only difference found between types of programs was on their ranking of the usefulness of the local unemployment office as a source of information. Schools and other agencies ranked this source lower than did programs operated by CAAs.

Since the case studies indicated that most programs have serious difficulties in obtaining accurate and up-to-date information on the nature of the population in their local service area, a question was included on the telephone survey to assess programs' difficulty in this regard (item A-4). Of the 59 programs in the sample that have conducted needs assessments, about two-thirds (66.1 percent) felt that the needs assessment information they obtained was up-to-date, was complete, and adequately described their service delivery area. The other third of the programs felt the information was inadequate in some way, responding that it was either out-of-date, not appropriately broken down for their service area, incomplete or that certain types of information needed for planning were just not available. Ten percent of the programs felt that their needs assessments were inadequate in all four of these respects.

Urban programs were significantly less likely than rural programs to say that their needs assessment information is up-to-date and complete (52.0 percent vs. 76.5 percent) and more likely to say that it is not broken down for their service delivery area (40.0 vs. 11.8 percent). Although not statistically significant, CAA programs were more likely to report that their community needs assessment information is up-to-date and complete than were school-based programs (73.1 vs. 53.8 percent). (Ironically, school systems were ranked second overall as being useful sources of community needs information.)

There was no clear agreement, however, in programs' perceptions of the types of information that were most lacking or inadequate. When asked what types of information were not available in a useful form (item A-4a), programs mentioned such diverse information as number of families below the poverty level, employment/unemployment data, ethnic composition of the community, number of teenage parents and number of preschool-age children. There was considerable agreement, however, that informal judgments of staff, parents and community members were more useful in planning Head Start program services than the statistical data obtained through the various agencies or surveys (63.5 percent of the program directors interviewed felt this way--see item A-5). All programs interviewed felt this way, regardless of agency type, models operated or area served.

Changes Reported in Community Needs

Programs reported that there has been considerable change taking place in their communities over the last five years. They were asked to judge whether there has been an increase, decrease or no change in 20 different areas such as in the number of Head Start-eligible families, number of working mothers, ethnic composition, and so forth (see item A-8). There were eleven possible changes that at least half the respondents reported as increases over the last five years. The community changes most frequently reported are listed below, along with the number and percent of programs reporting the increase. (There was no community characteristic for which more than 12 percent of the programs reported a decrease.) About 40 percent of the programs also reported that there have been changes in the geographic location of eligible families over the last five years. This type of change can have significant effects on program costs since, depending on the extent of the change, it may necessitate relocating centers or providing more transportation services.

Community Characteristic	Programs Reporting Increase	
	Number	Percent
Need for subsidized housing	64	86.5
Number of families with child abuse	64	86.5
Number of single-parent families	60	82.2
Total number of Head Start-eligible families	55	74.3
Number of working mothers	55	74.3
Number of families in extreme poverty	53	71.6
Number of families with drug or alcohol abuse	53	71.6
Number of multi-problem families	53	71.6
Number of preschool-age children	44	59.5
Number of children in foster care	39	52.7
Number of handicapped children	38	51.4

As might be expected, there were some differences in community changes based on area served. Rural areas were more likely to have experienced increases in the number of working mothers (87.2 percent said there had been such an increase, compared to 65.6 percent of urban programs) and in the incidence of child abuse (90.5 percent reported an increase compared to 81.3 percent of urban programs). Urban programs were more likely to report changes in the proportions of Hispanic and Asian families (58.1 percent of urban programs reported an increase in the proportion of Hispanic families compared to 31.0 percent of rural programs; 61.3 percent or urban programs reported an increase in Asian families compared to 33.3 percent of rural programs).

Program Responses to Community Needs

The next logical question, then, is, "What do programs do with needs assessment information?" Item A-7 asked if the results of community needs assessments have been used to make any changes in the program. Almost 30 percent of the programs responded that "no changes have been necessary" and an additional 9.5 percent said that, according to the needs assessment changes should be made, but that there has not yet been an opportunity to make the changes. Forty-five programs (60.8 percent) reported that they have actually made a programmatic change because of their community needs-assessment information.

Program responsiveness to community needs assessments seemed to depend on the agency type, program model and area served, although only in the latter two cases were the differences statistically significant. As seen below, 50.0 percent of school-based programs reported that program changes were not needed, whereas about two-thirds of CAA and other types of agencies reported making changes based on their community needs assessments. Full-day and part-day programs were more likely to report changes being unnecessary, and mixed-model and other programs were more likely to have made program changes. Rural programs were more likely to have made program changes than urban programs.

The percent of programs reporting on program changes made because of their community needs assessment was as follows:

	Program Changes Made	Program Changes Not Made	Program Changes Not Needed	N
Agency Type				
CAA	68.8	12.5	18.8	32
School	45.0	5.0	50.0	20
Other	63.6	9.1	27.3	22
Program Model				
Full-day	33.3	11.1	55.6	9
Mixed	85.2	3.7	11.1	27
Part-day	41.7	16.7	41.7	24
Other	64.3	7.1	28.6	14
Area Served				
Urban	40.6	15.6	43.8	32
Rural	76.2	4.8	19.0	42
All Programs	60.8	9.5	29.7	74

Forty-one programs (55.4 percent of all respondents) reported making three or more of the changes listed. The most common changes are listed below, along with the number of programs reporting having made each change and the percentage of the 45 programs which reported making changes.

Nature of Change	Programs Making the Change	
	Number	Percent
Hired staff with different skills	27	60.0
Changed enrollment criteria	26	57.8
Added more slots	26	57.8
Changed educational approach	20	44.4
Established a new center	19	42.2
Changed hours of operation	19	42.2
Added another program option	19	42.2
Moved a center to a different location	14	31.1

Of the 19 programs that reported adding a program option, 10 added a home-based option, 3 added variations in center attendance, 2 each added double sessions and a locally designed option, and 1 added a part-day program (1 did not indicate which option was added). All of the 10 programs adding a home-based option were rural or other non-urban programs. Urban programs were more likely to have added staff with different skills. Only 8 programs dropped a program option, 5 dropping home-based, 2 dropping part-day and 1 dropping full-day. There were a number of other programmatic changes made by just a few programs in response to perceived community needs. These included such changes as providing adult education and providing additional transportation.

Programs also reported using community needs assessment information in their recruitment. Forty-eight programs (64.9 percent) reported that, based on their community needs assessments, they targeted recruitment activities toward particular groups. Although school systems were less likely to respond this way (47.4 percent said they targeted recruitment based on needs assessments vs. 71.9 percent of CAAs), the difference was not significant.

The groups most likely to be targeted for recruitment because of the needs assessment were as follows:

Groups Targeted for Recruitment	Percent of Programs Doing So (N=48)
Lowest income families	95.8
Handicapped children	89.6
Children of a particular age	85.4
Families with child abuse	81.2
Multi-problem families	77.1
Families from particular geographic area	72.9
Families with serious medical problems	72.9
Single-parent families	66.7
Families with drug/alcohol abuse	66.7
Particular ethnic groups	37.5

The only program difference in the above responses was in the percentage of programs reporting that they targeted families with child abuse problems on the basis of their needs assessments.

Percent of programs targeting families with child abuse problems:

CAA	87.0
School	44.4
Other	93.8

Projected Changes in Facilities and Services

To provide yet another perspective on the extent to which programs perceive themselves as meeting community needs, respondents were asked to consider a scenario in which they had unlimited resources and could serve any families they wanted to (item D-13). Almost two-thirds of the programs (62.2 percent) said they would try to enroll different types of families if they had the necessary resources. In describing how the families would differ from those currently enrolled, 71.7 percent said they would try to enroll more over-income families. This is consistent with reports from the in-depth study programs indicating increasing concern among Head Start programs that families below the official poverty level do not have a monopoly on the kinds of needs that Head Start can be successful in meeting. An additional 37.0 percent of the programs said they would try to enroll more families with handicapped children, and 21.7 percent said they would enroll families who had more family problems

The kinds of services programs said they would like to add (again, under the assumption that they had unlimited resources to do so) included transportation, health services, handicapped services and social services. In each case about three-fourths of the programs indicated they would like to be able to provide more of the service (item D-14). Among the "other" services mentioned, the most common were programs for parents, including parent education, job training and placement services. A substantial minority of programs (16.2 percent) said they would like to provide daycare or extended childcare.

Conclusions

Telephone survey responses support the conclusion that Head Start programs are making efforts to tailor their programs to what they perceive as the needs of the eligible population in their communities. Programs appear to be aware of certain changes taking place in their communities and large numbers of them make adjustments in their offerings in an effort to better meet the changing needs. Not all programs are conducting the needs assessments that are essential for understanding their communities, however, and those that do are frustrated with the considerable difficulty associated with obtaining relevant, accurate and up-to-date information. Many, therefore, fall back on informal judgments informed through their own personal experience in their communities. Such "methods" of community needs assessment leave programs open to the charge of "seeing what they want to see." Programs perceive considerable unmet needs in their communities, and many would enroll different types of families or provide additional services if more resources were available to do so.

Some differences appeared as a function of the type of agency operating the Head Start program. Programs operated by CAAs and other non-profit agencies were somewhat more likely than school-based programs to conduct community needs assessments, were more likely to perceive the needs assessments as accurate and up-to-date, were more likely to target recruitment activities toward particular groups because of their needs assessments, and were more likely to make programmatic changes (such as adding a program option) because of their community needs assessments.

Urban programs reported more difficulty in obtaining accurate and up-to-date community needs assessment information. Regarding community changes in recent years, urban programs were more likely to have experienced shifts in the proportions of certain ethnic groups; rural programs saw greater increases in the number of working mothers and families with child abuse. Rural programs were also more likely than urban programs to have made programmatic changes (such as adding a home-based option) because of the results of their needs assessments.

Recruitment Strategies

In-depth interviews with the nine case-study programs revealed an extensive array of strategies used by programs in recruiting families for their programs. Knowledge of these activities was used in designing questions that would help telephone survey respondents focus on specific activities they had used within the last year, the timing of recruitment, and the people involved. These questions comprised Section B of the survey.

Seven recruitment strategies were identified in the case studies as relatively common across programs. The telephone survey with 74 programs confirmed that these were the most commonly used strategies and that there was no single other strategy used by more than a handful of programs. The most commonly used strategies, in order of the percent of programs using them, were the following (see item B-1):

Strategy	Percent of Programs Using			
	CAA	School	Other	All Programs
Word of mouth	100.0	100.0	100.0	100.0
Contact with other agencies	96.9	90.0	100.0	96.0
Posters or flyers	100.0	85.0	100.0	96.0
Newspaper ads	87.5	70.0	81.8	81.1
Radio announcements	81.3	80.0	81.8	81.1
Door-to-door canvassing	87.5	55.0	72.7	74.3
TV announcements	53.1	30.0	45.5	45.2

Thirty-seven programs (50.7 percent) agreed that word of mouth was the most effective recruitment strategy; 15 programs (20.5 percent) felt that door-to-door canvassing was most effective; only 11 percent felt that contact with other agencies was "most effective," and only 8.2 percent felt that posters or flyers were "most effective," even though these latter two strategies were both used by 96 percent of the programs.

Door-to-door canvassing was used by significantly more CAA and other non-profit agencies than by school systems, as were posters and flyers. The judgment as to the effectiveness of the various recruitment strategies varied somewhat by type of agency, as follows.

Percent of programs reporting strategy as "most effective":

	CAA	School	Other	All Programs
Door-to-door canvassing	32.2	10.0	13.6	20.5
Newspaper ads	0.0	5.0	4.5	2.7
Radio announcements	0.0	0.0	0.0	0.0
TV announcements	3.2	0.0	4.5	2.7
Posters or flyers	9.7	5.0	9.1	8.2
Contact with other agencies	9.7	5.0	18.2	11.0
Word of mouth	38.7	70.0	50.0	50.7
Other	6.5	5.0	0.0	4.1

A higher percentage of school-based programs felt that word-of-mouth was the most effective strategy. Although over a third of the CAA-sponsored programs agreed with that judgment, another third of them assessed door-to-door canvassing as being most effective. Programs in urban areas were also more likely than ones in rural settings (64.5 vs. 40.5 percent) to see word of mouth as most effective. Although these survey responses could not be probed, from the in-depth study it was apparent that door-to-door canvassing was the most effective strategy when there was real contact with parents and not just the distribution of leaflets or flyers.

There did not appear to be strong agreement on the least effective strategy. Twenty-three programs (31.5 percent) reported that newspaper ads were "least effective," 12 (16.4 percent) reported posters or flyers to be "least effective," and 10 (13.7 percent) felt that radio announcements were "least effective." Programs, of course, have to use a variety of approaches in their recruitment, including those that are not always the most effective.

Recruitment activities begin in the winter and spring for most programs (item B-3). Forty-three percent of the programs begin recruiting in January, February or March and 46.0 percent begin in the April-June period. March-April is the period when recruitment is most likely to start in Head Start programs; over 55 percent of the programs begin in this two-month period.

CAA-sponsored programs begin recruitment somewhat earlier than programs operated by public schools, and rural programs begin earlier than urban programs, as seen in the following listing of the percent of programs beginning recruitment in each quarter of the year:

Type of Agency	Jan-Mar	Apr-June	July-Sept	All Year
CAA	56.3	34.3	3.1	6.3
School	20.0	60.0	10.0	10.0
Other	45.4	50.0	0.0	4.5
Area Served				
Urban	31.2	56.3	6.2	6.3
Rural	52.4	38.1	2.4	7.1
All Programs	43.3	46.0	4.1	6.8

Only 4.1 percent of the programs wait until summer to begin, although 6.8 percent report that there is no real "beginning," as recruitment is a year-long, ongoing activity. The ongoing nature of recruitment is seen more clearly in the responses to a question about when annual recruitment activities are completed: 32.4 percent of the programs responded that

recruitment never ends, but is ongoing. On the other hand, about a fifth of the programs (23.0 percent) consider their recruitment essentially complete by the April-June period and another 37.8 percent consider recruitment completed by summer.

Almost 60 percent of the programs conduct recruitment at other times in addition to the time of the main thrust of their recruitment (item B-5). For example, one program that focuses its recruitment in the May-September period also places newspaper ads and airs radio announcements in January. Another program does its heaviest recruiting in January and February, but also conducts door-to-door canvassing; radio, newspaper and TV advertising; and other activities in August.

Head Start programs involve a wide range of individuals in their recruitment efforts (item B-6). More than 80 percent of the programs say that parents, teachers and aides, Policy Council members, the Social Services Coordinator, the Parent Involvement Coordinator and the Head Start Director are actively involved. In addition, about two-thirds of the programs involve their family-service worker or social-service aide. (95.4 percent of the programs operating a home-based option have their home visitors actively involved in recruitment activities.) Every program surveyed involved at least four people in recruitment and 73.0 percent involved eight or more different types of individuals.

Conclusions

Although there are periods of more intense recruitment activity, for most programs the task of identifying families for possible enrollment into the program is an ongoing one. A wide variety of strategies are used, with extensive involvement by a number of key program staff. Programs operated by community action agencies are more likely to use door-to-door canvassing, and to see it as effective, whereas over two-thirds of school-based programs find word of mouth to be the most effective strategy. Overall, word of mouth is considered to be the most effective strategy, but it is also the one that programs have least control over -- it happens indirectly, as a result of the various program activities, and its effectiveness may be related to a number of unmeasured factors such as length of time the program has been operating in the community, size of program in relation to the eligible population, and the personalties of the staff. The recruitment strategy that is considered most effective by the next largest number of programs (door-to-door canvassing) is also the most time consuming and requires the greatest investment of staff and volunteer resources. The fact that there is no single strategy that stands out as most effective for the majority of programs suggests that there are a variety of approaches to Head Start recruitment whose success depends on a number of local factors.

Referrals

Most Head Start programs rely to some extent on referrals from other agencies for a portion of their enrollment. All but one of the programs surveyed reported that some of their enrolled children were referred by other agencies (item C-1). The average percentage of total enrollment coming through referrals was estimated at 23.0 percent for these 73 programs (item C-1a). The percentage of total enrollment ranged from 1 to 98 percent. (In fact, there were 10 programs -- 13.7 percent -- that reported more than 50 percent of their enrollment as coming through referrals).

Percent of Enrollment Through Referral	Number and Percent of Programs Reporting	
1-10%	27	37.0
11-20%	21	28.8
31-40%	5	6.8
41-50%	7	9.6
51-100%	4	5.5

The mean percentage of enrollment resulting from referrals varied somewhat by agency type, model operated and area served:

Agency Type	Percent of Enrollment From Referrals
CAA	22.2
School	19.3
Other	27.2
Program Model	
Full-day	10.8
Part-day	19.5
Mixed	24.8
Other	33.1
Areas Served	
Urban	21.3
Rural	24.2
All Programs	23.0

More than 60 percent of the programs said that referrals take priority over other families in the enrollment process (item C-1b). (See following section on enrollment for more details on the selection process.)

Virtually all programs reported that they receive referrals from a number of different local agencies (item C-1c). The most common are as follows:

Agency Making Referral	Programs Receiving from Agency	
	Number	Percent
Agencies serving the handicapped	71	97.3
Social services agencies	71	97.3
Health agencies	69	94.5
Welfare department	67	91.8
School districts	61	83.6
Daycare programs	38	52.1

Individual professionals, such as doctors and therapists, were reported by 10 programs to be sources of referrals and 18 programs indicated that other agencies (not specified) have referred families to their programs.

The vast majority of programs also reported that they refer families to other agencies for childcare. Over 90 percent do this (item C-2). Because the case study interviews indicated increasing concern for full-day childcare among parents in many areas, we asked programs what they did to help families who have such a need (item C-3). Only 2 of the programs surveyed said that the families they deal with do not need daycare. Most (74.3 percent) reported that they refer such families to a daycare center or family daycare instead of enrolling them into Head Start. Other programs reported that they (a) provide transportation to a daycare center for these families (14.9 percent), (b) provide some full-day childcare funded by Head Start (8.1 percent), or (c) operate a program in coordination with a local daycare provider (8.1 percent). Occasional programs have done other things in an effort to meet the need for full-day childcare when Head Start itself does not provide it. These included organizing a baby-sitting co-op and helping the family to find financial aid. Only 3 programs said that they could not provide any help to families who need full-day childcare.

Conclusions

Referrals play a major role in Head Start recruitment efforts, providing a significant portion of the programs' enrollment. The bulk of referrals were reported to come from agencies serving the handicapped and agencies that typically work with low-income families, such as welfare and health departments. For over half the programs, referrals were reported to take priority over other families when children are being selected into the program. A large portion of Head Start programs refer families to other agencies in order to meet the families' childcare needs.

Enrollment

Selection Criteria and Procedures

Head Start programs are expected to give enrollment preference to children from the poorest families. According to survey responses to a question on enrollment criteria, family income was ranked as the most important criterion (item D-1). The mean rank of the family income criterion was 1.9 (with a rank of 1 given to the most important factor). In fact, family income and presence of a child handicap were the only two criteria used by all of the programs surveyed. The enrollment criteria and the average rank given to each are listed below in order of the percentage of programs using each criterion:

Criterion	Percent Using	Mean Rank
Family income	100.0	1.9
Child handicap	100.0	2.8
Child's age	93.2	3.2
AFDC recipient	87.8	3.0
Family problems	86.5	4.8
Child enrolled previous year	70.3	4.8
Sibling in program	52.7	6.6

Other criteria were used by considerably fewer programs. Fifteen percent of the programs consider other child factors such as language, school readiness or foster child status, and 13.5 percent used criteria relating to family or parent factors such as unemployment, training needs, and family size. Area of residence and whether child was a referral were factors that were each considered by 5 percent of the programs. All but one of the programs reported that they permitted families to enroll siblings of either former or present Head Start children (item D-12), and 91.8 percent of those said there was no limit on the number of years that a family could continue to enroll its children. The only significant differences in enrollment criteria as a function of agency type, program model, or area served were between rural and urban programs. Family income and child handicap were both given higher priority by rural programs; urban programs gave more weight to whether the child had been in the program the previous year.

When child's age was an enrollment criterion, as it was for 93.2 percent of the programs surveyed, the 4-year-old or pre-kindergarten group was most likely to have priority. (This was clearly the case in 68.1 percent of the programs who used an age criterion -- for another 17.3 percent of these programs the priority was expressed as an age range such as "3-4," "4-5," or "3, 4 or 5.")

About three-quarters of the programs reported that they use an enrollment or selection committee when selecting families into the program. Whether there was a committee or not, there were generally several different individuals involved in the selection process. The following compares the types of staff and others involved in selection when (a) there was a selection committee and (b) there was no committee but selection was carried out by a number of individuals (note that this is a non-duplicative count of individuals involved, so that where programs reported Social Services/Parent Involvement Coordinators, for example, they are counted here as Social Services; see footnotes):

Individual Involved	Percentage of Programs Involving Him/Her	
	(a) Selection Committee (N = 57)	(b) No Committee (N = 17)
Director	50.9 (2)	76.5 (1)
Social Services Coordinator	80.7 (4)	70.6 (3)
Parent Involvement Coordinator	45.6	29.4
Education Coordinator	35.1	35.3
Other coordinator(s)	17.5	23.5
Teachers	49.1	35.3
Home visitors	38.6	11.8
Policy Council member(s)	87.7	29.4
Other parent(s)	68.4	5.9
Other administrative/support staff	22.8	29.4

When there was no formal selection committee, the Head Start Director was more likely to be involved in the process (in 76.5 percent of the programs) than when there was a formal committee (in which case Directors were involved in 50.9 percent of the programs). On the other hand, policy council members and other parents were much more likely to be involved in selection decisions when programs used a formal selection committee. With no formal committee, an average of 3.8 individuals were involved in the selection process. When there was a committee, the average number of people involved was 5.7.

Head Start programs sponsored by public schools are less likely to use a formal selection committee and instead rely on individuals to make the

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Footnotes:

(1) Includes 1 Director who also serves as Education Coordinator.

(2) Includes 5 Directors who also function as Education, Parent Involvement, and/or Social Services Coordinator.

(3) Includes 4 Social Services Coordinators who also serve as Parent Involvement Coordinator.

(4) Includes 12 Social Services Coordinators who also serve as Parent Involvement Coordinator and 1 who functions as SS, PI, and Education Coordinator

selection decisions. (65.0 percent of school-based programs, 84.4 percent of CAA programs, and 77.3 percent of other programs used a selection committee.)

Enrollment Difficulties

Ten of the programs surveyed reported that at some time during 1985-86 they had difficulty in achieving full enrollment with income-eligible children (item D-3). Although this is only 13.5 percent of the sample, projecting to the total population of Head Start programs suggests that there may be as many as 257 grantees or delegate agencies who are experiencing problems achieving full enrollment. Difficulty in providing transportation was cited as the major reason. Other reasons for the difficulty in achieving full enrollment were public school pre-kindergarten programs enrolling Head Start-eligible children, not enough eligible children in the area, difficulty finding families for the home-based option, not acting quickly enough to fill vacancies, and a high dropout rate in a particular center.

Thirty-two percent of the programs reported unfilled slots as of January 31, 1986 and 47 percent had unfilled slots at the end of April (items D-3b and D-3c). Unfilled slots represented only 0.8% of these programs' total funded enrollment. Almost all programs, however, reported having a waiting list, both in the fall and as of April 30, 1986 (items D-7 and D-8). All but one of the programs that reported unfilled slots as of the end of January appeared to have sufficient families on their waiting lists to achieve full enrollment, so the reason for these vacancies is not clear.

At the two time points asked about (items D-3b and D-3c), school system programs reported very few unfilled slots (mean of .4 slots per program in January and 1.1 unfilled slots in April). At the two time points CAA programs had an average of 4.7 and 4.1 unfilled slots, respectively; programs operated by other agency types reported means of 1.2 and 2.1 vacancies for those time points.

A potential enrollment issue revealed in the case studies was a perception on the part of some programs that a number of families were recruited for the program but then declined to enroll their children for some reason. The majority (78.4 percent) of the telephone survey programs reported that they did sometimes recruit families who subsequently declined to enroll their children (item D-4). Most of the time this occurred because the families moved out of the area (53.4 percent of programs cited this as a reason given for families declining to enroll), but in about a third of the programs it was also stated that this occurred because parents did not feel their child was "ready" (mature enough) for a preschool program. The following summarizes the reasons that programs reported for families declining to enroll their children:

Reason Given	Percent of Programs
Family moved out of area	53.4
Parent did not feel child was "ready" for preschool	34.5
Parent did not want to be separated from child	29.3
Parent decided on full-day care instead of Head Start	29.3
Transportation problems	20.7

In only five cases (8.6 percent) did programs report that the decision not to enroll a child was based on parental dissatisfaction with the program option offered. There were 10 programs, however, (a sizeable minority of 17.2 percent of the sample) that reported parents not enrolling because they decided to enroll their child in another program -- half of these specifically mentioned their desire to enroll their child in a public school pre-kindergarten program.

When asked about the reasons parents gave for declining to enroll their children, a lower percentage (7.7) of public school-based programs reported the need for full-day care as a reason (compared to 28.6 percent of CAA programs and 47.1 percent of other agency types). Programs in urban areas were more likely (50.0 percent) to state this reason for parents declining to enroll their children than were programs in rural areas (14.7 percent). There was also a trend for more part-day programs to report parents giving this reason (47.1 percent) than full-day (16.7 percent), mixed (17.4 percent) or other (33.3 percent) program models.

On the basis of the case studies it had been expected that there would be more programs citing reasons having to do with the extensive parental involvement required, but only two of the programs surveyed mentioned this as an issue that might lead recruited families not to enroll their children. An additional 3 programs, however, mentioned that some parents declined to enroll their children because the parents were not willing to "do their part," e.g., they did not get their children ready in time in the morning, were not there to meet the bus after school, or did not follow through with other responsibilities. As will be seen later, however, more programs reported that families with these problems account for high proportions of program dropouts.

Enrollment of Over-Income Families

Head Start programs are permitted to have 10 percent of their enrollment comprised of families who are over-income. In the telephone survey, the 74 responding programs reported that an average of only 5.0 percent of their families were over-income (item D-5), and this percentage was about the same for all types of programs. In the nine case study sites, where it was possible to examine enrollment figures more closely, it was found that

6.4 percent were over-income. The major criterion applied when accepting over-income families was reported to be the presence of a child with a handicap or special needs (item D-6). The second most common criterion was the existence of family problems. Four of the programs (5.4 percent) reported that they did not enroll over-income families at all.

Waiting Lists

All 74 programs reported that they maintained waiting lists of families who could not be accommodated in the program. In fall 1985 the 74 programs reported a total of 7,134 children on waiting lists, constituting 31.6 percent of their funded enrollments (item D-7). The waiting lists averaged 96.4 children per program in the fall, and declined to 79.4 children by April 30, 1986 (item D-8).

In the majority of programs (55.4 percent), it was reported that children are selected from the waiting list to fill vacancies by using the same criteria that were used for the initial selection of children into the program (item D-9). In almost one-third of the programs, however, the selection committee had established somewhat different criteria for accepting children from the waiting list than are used for the initial selection process. Examples included selecting a family who lived in the area served by a particular home visitor or replacing a dropout with the same "type" of child.

If programs select the neediest families, then it might be expected that children and families on the waiting lists would be less needy in at least some respects than children and families who are enrolled in Head Start. Several statements describing possible demographic differences between enrolled and waiting list families were developed on the basis of case study findings and read to the telephone survey respondents (item

D-10). Only 10.8 percent (8 programs) felt that there were no real differences between enrolled and waiting list families. The statements programs agreed with most frequently were the following:

- Waiting list families generally have higher incomes (or are over-income) -- 54.1 percent agreed with this statement
- Waiting list families have fewer family problems -- 54.1 percent agreed
- Waiting list families have younger children -- 51.4 percent agreed
- Waiting list families have fewer children -- 27.0 percent agreed

Six programs (8.1 percent) felt that the only difference between enrolled and waiting list families was that the latter applied after the program was fully enrolled.

School-based programs generally perceived less of a difference between enrolled and waiting list families than other types of programs did. For each of the four statements listed above, there was a lower frequency of school-based programs judging waiting list families as being less needy.

Of the 73 programs that reported having had waiting lists in previous years, almost half (47.9 percent) reported that their waiting lists had grown larger over the past three years and about one-fifth (19.2 percent) perceived their waiting lists as decreasing in size (item D-11a). For approximately one-third of the programs, waiting lists appeared to have remained about the same size over the past three years.

Programs operated by school systems had somewhat larger waiting lists in the fall (mean of 110.5 children vs. 87.9 for CAA programs and 89.9 for others) but smaller waiting lists in the spring (48.6 children vs. 81.3 and 83.0 for CAA and other programs, respectively). When considered as a percent of funded enrollment, programs operated by non-profit and other agencies had the largest waiting lists in the fall (32.3 percent of funded enrollment), school-based programs' waiting lists were 27.8 percent, and the waiting lists for CAA programs were 25.6 percent of their funded enrollments.

Conclusions

The most important selection criteria for enrolling children into Head Start were reported to be family income, child's handicapping condition and age, and family problems. Most programs use a selection committee for reviewing applications and making the final selection decisions. Whether or not there is a formal committee, there generally appears to be representation of diverse staff viewpoints in the process, but when a committee is used it is more likely that policy council members and parents will be involved in the process. School-based programs were less likely to make use of formal committees in the selection process.

Only 13.5 percent of the programs reported having any difficulty in achieving full enrollment. The major reason was difficulty in providing transportation, but some programs also had difficulty locating enough eligible children in their service area. When families are recruited but then decline to enroll their children, it was most often because they moved. There were some differences among different types of programs. CAA and other agency types were more likely than schools to have parents decline because of their need for daycare.

All programs maintained waiting lists, and they averaged 31.6 percent of funded enrollment in the fall. Programs generally perceived their enrolled families as more needy than the waiting list families, but school-based programs were somewhat less likely to see their enrolled families as more needy than their waiting list families.

Attendance and Dropouts

Attendance Issues

Regardless of their agency type, area served, or models offered, most Head Start programs do not perceive themselves as having attendance problems. Among all 74 programs, 62.2 percent reported that their average monthly attendance rate never falls below 85 percent (item E-1). The programs who say they experience attendance below the 85-percent standard (item E-1b) attribute the problem primarily to child illness and the weather (82.1 and 64.3 percent of the programs mentioned these as reasons, respectively). Other reasons mentioned by at least 20 percent of the programs who reported low attendance included parent illness and family problems (32.1 percent each) and lack of cooperation from parents (21.4 percent).

Almost all programs (96.4 percent) reported that they investigate the cause whenever attendance falls below 85 percent (item E-1a). Some (25.0 percent) also said they would provide incentives to parents to try to improve attendance, a few (10.7 percent) would make changes in their program to accommodate children with attendance problems, and others (14.3 percent) would use the tactic of over-enrollment to deal with the attendance problem.

Most programs reported that there are some basic differences between the families whose children are absent a lot (i.e., more than 15 percent of the time) and those families whose children have higher attendance rates (item E-2). The differences reported by the greatest number of programs were the following:

Characteristics of Families With High Absenteeism	Percent of Programs Reporting
Multiple-problem family	74.3
Lower family income	58.1
Single-parent	54.1
Unemployed parent(s)	51.4
Receiving AFDC	50.0
Live further from center	35.1
Working parents	16.2
A particular ethnic group	16.2

As might be expected, greater family stress (multiple-problems, lower income, single parent, unemployment) appears to be associated with child absenteeism. In fact, 17 percent of the programs reported three or more of these characteristics as distinguishing the families with high absence rates. The fact that parents are working does not seem to contribute to poor attendance (except in 16 percent of the programs). Neither absentee rates nor characteristics of families with high absenteeism were a function of agency type, program model or areas served.

In an open-ended question, programs were asked how long a child is kept on the rolls when there is a prolonged, unexcused absence (item E-3). Almost 90 percent of the programs would not keep a child for more than a month, with 40 percent reporting that they would keep such a child on the rolls for no more than two weeks. Most (78.2 percent) of the home-based programs reported that they would allow up to four missed home visits before dropping a family.

More than four-fifths (83.1 percent) of the programs said that a prolonged unexcused absence would be the major condition that would lead them to initiate termination of a child from the program (item E-5). The factor leading to termination among the next largest number of programs was refusals by parents to participate in parent involvement activities or to cooperate with other program requirements (21.6 percent of the programs gave these responses). Only 4.2 percent of the programs reported that they would never terminate a child. In interviews with the in-depth study programs, however, it was found that programs rarely drop a child.

Dropouts

Dropout rates (about 15 percent per year) are about the same for all types of programs in the sample. There are a wide variety of reasons for families dropping out of the Head Start program, however, and it is quite likely that some of the more subtle ones will never be completely understood. Nevertheless, an understanding of these reasons is critical to any effort at coping with the problems of turnover. On the basis of the in-depth study interviews, it was felt telephone survey respondents would be able to tell us what they believed to be the reasons for dropouts (item E-6). The overwhelming majority (98.7 percent) of the programs reported that families drop out because they move out of the program's service area. Furthermore, 90.5 percent said that this was also the main reason for dropouts from the program. Only ten programs (13.5 percent), however, said that moving was the only reason for dropping out. The reasons, in order of the percentage of programs reporting them, were as follows:

Reason for Family Dropouts	Percentage of Programs
Families moved away	98.7
Parents needed full-day care	63.5
Parents were unable to get their child to program consistently	50.0
Parents decided child was not mature enough for Head Start	37.8
Parents dissatisfied with program option	17.6
Parents overburdened by parent involvement requirements	17.6
Parents felt Head Start not enough like "school.	10.8
Transportation problems	4.1

The need for full-day care has appeared in other ways in this study, and shows up here as the second most common reason given for families dropping out of the program in that a large percentage of the programs reported that this is a reason. There were no programs, however, who said that the need for full-day childcare was the only reason families drop out, so the reasons for dropouts are more complicated than the above list might indicate. From the programs' perspective, family mobility is the major reason for dropouts (in only 3 programs -- 4.1 percent -- was the need for full-day care cited as the main reason for dropouts), and this is clearly a factor that is beyond the programs' control.

The following differences were found among programs in the percentage citing reasons for family dropouts.

- Community action agencies were more likely to say that parents decided their child was not mature enough for Head Start (56.3 percent of CAAs reported this vs. 25.0 percent of school programs and 22.7 percent of other programs).
- CAAs were more likely to say parents were dissatisfied with their program option (28.1 percent, compared with 5.0 percent of school programs and 13.6 percent of others).
- Programs operating mixed and other models were more likely to find that parents were unable to get their child to the program consistently (63.0 and 64.3 percent, respectively, compared with 41.7 percent of part-day programs and 11.1 percent of full-day programs).
- Mixed-model programs were more likely to report that parents were dissatisfied with the program option the child was enrolled in (40.7 percent reported this, compared with none of the full-day programs, 4.2 percent of the part-day programs and 7.1 percent of other models).

The last finding may suggest that programs with multiple models (the "mixed" programs) are not sufficiently using their diversity in program options to meet family needs. On the other hand, in a single-model program where there are no other options, parents may be less likely to voice dissatisfaction -- there is no other option for them to consider with the Head Start.

Most (83.8 percent) of the programs felt that the reasons for families dropping out have not changed over the last three years (item E-7). Twenty-five percent of CAAs reported that the reasons have changed whereas only 10.5 percent of school programs and 4.5 percent of other agency types reported that. When programs reported that the reasons have changed, the most common changes reported were increases in family mobility and in the need for full-day childcare.

The interview explored the differences in the characteristics of families who drop out and those who remain with the program (item E-8). Only 2 programs felt there were no real differences between those who have dropped out and those who have stayed in the program. Among the 72 programs that could describe differences, there was no one family characteristic that could be said to describe how dropouts differ from the others. Rather, there seemed to be a combination of family characteristics. The most common perceptions of the families who drop out were as follows:

Characteristics of Families Who Drop Out	Percent of Programs Reporting
Multiple-problem family	58.1
Unemployed parent(s)	55.4
Lower family income	51.4
Single-parent	44.6
Receiving AFDC	41.9
Living further from center	35.1
Working parents	23.0
From one particular ethnic group	18.9
Two-parent family	18.9

Comparing this list with the characteristics of families with high absenteeism, it can be seen that the same ones top the list -- multiple-problem families, unemployment, lower income and single-parent status. In other words, there is every indication that the needier families are the ones who have the greater difficulty benefiting from Head Start either because of their absenteeism or because they drop out before receiving the full period of program services.

One effect of agency type was that more school-based programs (41.2 percent) reported that dropouts represented one particular ethnic group (compared with 16.1 percent of CAAs and 10.5 percent of other programs reporting this). Another agency difference was that more CAAs (54.8 percent) reported that dropout families lived further from the center (compared with 23.5 percent of school programs and 26.3 percent of other types of agencies).

There were three differences related to area served:

Characteristics of Dropouts	Percent Urban	Percent Rural
Dropouts are single-parent families	70.4	35.0
Dropouts are receiving AFDC	63.0	35.0
Dropouts are unemployed	44.4	72.5

Accommodating Family Needs

There are a number of ways in which programs attempt to meet the needs of their families. In the telephone survey programs were asked about three possible actions -- changes that might help prevent families from dropping out, adopting a particular program option or options, and taking family or child needs into account when enrolling children in a particular program model (where more than one option is available).

As a follow-up to the questions on why and what type of families drop out, programs were asked what change or changes they could make to help keep these families in the program (item E-9). Thirty-four programs (45.9 percent of the sample) responded that no change would make a difference in retaining dropouts. Of course, if the predominant reason for dropping out is moving out of the area, there is little a program can do. The rest of the programs, however, felt that some change might make a difference. Of these 40 programs, half would try providing more transportation, 20 percent would provide more social services, and 17.5 percent would change their hours of operation by lengthening the program day. Most of the programs who felt lengthening the day would aid retention were part-day programs.

Occasionally programs mentioned other changes such as modifying the program options available (12.5 percent), providing parent training (7.5 percent), changing the educational approach (7.5 percent) or changing the location of a center (2.5 percent).

The adoption of a program model constitutes one of the major decisions a program can make for serving the needs of the families in its community. The telephone survey sample included programs representing all Head Start models in approximately the proportions found among the total population of grantees and delegate agencies. The survey, therefore, asked programs why they had decided to adopt their particular model or models (item E-10). Although a few respondents didn't know (were not present at the time that decision was made), most were able to give a reason that was later coded into the categories listed in Appendix A. The most frequent reasons given related to the programs' desire to better meet the individual needs of parents or families. This was most commonly given (by 43.8 percent of programs) as the reason for adopting the full-day standard model, but in about one-third of the cases was also the reason for adopting part-day, home-based and variations in center attendance. The most common reason given for providing double sessions was to serve more children, the most common reason given for adopting the home-based option was to reach a special population or geographic area, and the major reason for adopting variations in center attendance was to meet staff needs.

Reasons for adopting a particular program option showed little variation according to the type of sponsoring agency and area served. Among programs with a home-based option, schools and other non-profit agencies were more likely to have adopted that option because of perceived community needs than were CAA programs. Among programs offering a full-day option, all the programs who reported adopting this model because of perceived parent or family needs were rural; none of the urban programs reported this reason.

Thirty-one of the sample programs provided more than one model option and all but one of these reported that they provided some choice or considered various factors in assigning children to different models (item E-11). By far, the most common consideration in assigning children to different models was reported to be the geographic proximity of the family to the program -- 61.3 percent of the programs considered this when assigning children to different models. The full range of factors, along with the percentage of programs considering each, is as follows:

Factors Considered in Assigning Children to Different Models	Percentage of Programs Reporting
Geographic proximity of family to program	61.3
Child's age	32.3
Child's handicap	25.8
Family problems	25.8
Whether child's mother is working or in training	22.6
Other parental needs	19.4

All of the programs that reported considering other parental needs when assigning children to a program model were CAA agencies. Most of the programs that said the family's geographic proximity is considered were rural programs (77.3 percent of rural programs reported this compared with only 22.2 percent of urban programs).

Conclusions

Although most programs do not perceive themselves as having attendance problems, most do experience problems at some time or another, and it appears to be the more needy families whose children are absent most frequently. The families whose children are absent a lot are more likely to be those with multiple problems, lower income, unemployed, and receiving AFDC. Families who drop out tend to have the same characteristics as those with high absenteeism. There were no reported differences in absentee or dropout rates by program model, agency type or area served.

In spite of the fact that most dropouts are due to family mobility, there are other important reasons such as the need for full-day care and parents being unable to get their children to the program consistently. Mixed-model programs are more likely than other types to report parents dropping out because of dissatisfaction with their program option, even though these programs theoretically offer a choice of options. School-based programs are least likely to find parents dropping because of dissatisfaction with their program option. Programs felt that such actions as providing transportation, more social services, and lengthening the program day would keep some of these families in the program. Programs report trying to accommodate families' needs in the way they assign children to program models, although there may be some question as to whether real choice is provided. Parent or family needs, and community needs, however, were cited as the major reasons that programs adopt particular program options in the first place.

Highlights of Findings From the Telephone Survey

Community Needs Assessment

Head Start programs are making efforts to tailor their programs to what they perceive as the needs of the eligible population in their communities, and appear to make adjustments in their offerings in an effort to better meet changing needs. Not all programs are conducting the needs assessments that are essential for understanding their communities, however, and those that do are frustrated with the considerable difficulty associated with obtaining relevant, accurate and up-to-date information. This seems to be less of a problem for rural than for urban programs where the poulation is more mobile.

Problems operated by CAAs and other non-profit agencies are somewhat more likely than school-based programs to conduct community needs assessments, are more likely to perceive the needs assessments as accurate and up-to-date, are more likely to target recruitment activities toward particular groups because of their needs assessments, and are more likely to make programmatic changes (such as adding a program option) because of their community needs assessments. Rural programs are also more likely to have made programmatic changes because of the results of their needs assessments.

Recruitment

The task of identifying families for possible enrollment into the program is an ongoing one employing a wide variety of strategies. There are periods, however (particularly January to June) when recruitment activities are most intense. Programs operated by community action agencies are more likely to use door-to-door canvassing, and to see it as effective, whereas over two-thirds of school-based programs find word of mouth to be the most effective strategy. Overall, word of mouth is considered to be the most effective strategy and is reported as used by the largest number of programs, but its effectiveness is most difficult to measure, and to ensure. Door-to-door canvassing, when it really includes personal contact with potential families, is extremely time consuming and requires a great investment of staff and volunteer resources. The fact that there is no single strategy that stands out as most effective for the majority of programs suggests that there are a variety of approaches to Head Start recruitment whose success depends of a number of local factors. The in-depth study (Chapter IV) illustrates a range of these approaches.

Referrals

Referrals play a major role in Head Start recruitment efforts, providing a significant portion of the programs' enrollment. The bulk of referrals were reported to come from agencies serving the handicapped and agencies that typically work with low-income families, such as welfare and health departments. For over half the programs, referrals were reported to take priority over other families when children are being selected into the program. Most programs also refer families to other agencies when that appears to be the best way to meet particular family needs for child-care.

Enrollment

The most important selection criteria for enrolling children into Head Start were reported to be family income, child's handicapping condition and age, and family problems. Most programs use a selection committee for reviewing applications and making the final selection decisions. There generally appears to be representation of diverse staff viewpoints in this process, but when a committee is used it is more likely that policy council members and parents will be included. School-based programs are less likely to make use of formal committees in the selection process.

The major reason for underenrollment is difficulty in providing transportation, but some programs also have difficulty locating enough eligible children in their service area. When families are recruited but then decline to enroll their children, it is most often because they move. CAA and other agency types are more likely than schools to have parents cite the need for daycare when declining to enroll their children.

All programs maintain waiting lists, and they averaged 31.6 percent of funded enrollment in fall 1985. Programs generally perceive their enrolled families as more needy than waiting list families.

Attendance and Dropouts

Most programs do not perceive themselves as having attendance problems, but still experience difficulties at some time or another. It appears to be the more needy families whose children are absent most frequently. The families whose children are absent a lot are more likely to be those with multiple problems and lower incomes, and are more likely to be unemployed and receiving AFDC. Families who drop out tend to have the same characteristics as those with high absenteeism. There were no reported differences in absentee or dropout rates by program model, agency type or area served.

Family mobility is the main reason for dropping out, but there are other important reasons such as the need for full-day care and parents being unable to get their children to the program consistently. Mixed-model programs are more likely than other types to report parents dropping out because of dissatisfaction with their program option, even though these programs theoretically offer a choice of options. School-based programs are least likely to find parents dropping out because of dissatisfaction with their program option. Providing transportation and more social services, and lengthening the program day, would retain some of these families, according to the respondents. Programs try to accommodate family needs in the way they assign children to program models, and in some cases cite family or community needs as the major reasons for adopting particular program options in the first place.

IV

FINDINGS FROM THE IN-DEPTH STUDY

This chapter presents findings from nine case studies carried out during the fall of 1985. By examining nine Head Start programs in considerable depth, it is possible to obtain greater understanding of certain issues and dynamics related to recruitment and enrollment. Whereas the telephone survey of 74 representative programs permits quantitative inferences (see Chapter III), the case studies allow a closer look at the programs, communities, people and events that underlie the numbers. This chapter includes numerous examples of situations or activities of individual programs relating to the issues of recruitment and enrollment. In addition, in the smaller number of case study programs it was possible to collect detailed data in a way that was not feasible in the larger telephone survey. These data include information on characteristics of waiting list families and children for drawing comparisons with families and children enrolled in the program. In-depth study information also provides details on patterns of attendance and attrition.

The findings presented in this chapter relate to a number of issues, including how the programs in the study determine what their communities' needs are, changes in community needs that have occurred over the past five years, and unmet needs identified in the communities served. Details of the recruitment and enrollment strategies and family selection processes of the in-depth study programs are presented and comparisons of the types of families enrolled with those who remain on waiting lists are made. This chapter also examines issues of attendance and attrition as part of an analysis of whether these Head Start Programs are serving those who have the greatest need for Head Start. The chapter concludes with a discussion of program concerns for augmenting services in order to better meet community and family needs. These findings and conclusions are summarized and integrated with telephone survey findings in the Executive Summary. Appendix B contains nine case study reports describing in detail the findings related to community needs, recruitment and enrollment at each site.

Overview of In-Depth Study Programs

Tables IV-1 and IV-2 present information summarizing some of the important characteristics of in-depth study programs and sites. The diversity of program settings is illustrated by the information in Table IV-1. The in-depth study programs represent seven of the Head Start administrative regions and include both urban and rural settings. Some programs serve areas with high degrees of poverty. Programs A, E and G have target areas in which more than half the population earns $13,000 or less per year, whereas the areas served by Programs B and H have 75 percent or more of their residents earning above $13,000 per year. The percentage of the area population receiving public assistance ranges from a low of only 2.4 percent in the area served by Program I to 31.1 percent in the city served by Program A. Some of the areas served have high proportions (more than half) of single-parent families (Programs A, B, H) and some have a relatively low proportion, i.e., around one in four (Programs D, E, F). The racial/ethnic make-up of the communities also differs, with some being predominantly white (E, F, I), some with large proportions of Blacks (A, B, G, H), and some with relatively high proportions of Hispanics (C, D, I). All programs tend to be in areas that are racially mixed.

There are a few site differences that appear to be explained by urban-rural differences. There is no apparent association of type of area with

TABLE IV-1

CHARACTERISTICS OF AREAS SERVED BY IN-DEPTH STUDY PROGRAMS

	A	B	C	D	E	F	G	H	I
HHS Region	I	III	IX	IX	IV	V	IV	II	VI
Type of Area[1]	U	N	U/R	R	R	R	R	U	U
Income Distribution (%)									
$4,000 and under	18.5	6.8	7.1	6.8	17.3	7.8	13.2	7.9	5.1
$4,001 - 8,000	20.8	8.5	10.6	10.9	15.3	10.7	17.0	7.0	10.6
$8,001 - 11,000	9.3	6.1	11.6	9.4	10.5	9.9	13.2	5.3	15.8
$11,001 - 13,000	8.0	3.5	6.5	6.6	7.7	9.4	7.4	2.5	11.0
$13,001 and over	43.4	75.0	64.2	66.3	49.2	62.2	49.2	77.4	57.5
Racial/Ethnic Distribution (%) of Low-Income (<$11,000) Population									
White	34.4	53.3	42.7	40.8	88.8	89.6	35.7	39.1	62.5
Black	45.9	40.3	6.6	6.7	10.3	0.0	62.6	41.7	7.5
Hispanic	14.2	5.2	44.6	48.6	0.9	0.9	0.0	17.3	23.8
Asian	2.9	0.0	1.5	0.6	0.0	1.9	1.2	0.6	5.0
Native American	0.3	0.0	2.9	1.5	0.0	7.6	0.6	0.6	1.3
Other	2.4	1.3	1.7	1.8	0.0	0.0	0.0	0.6	0.0
Percent of Total Population Receiving Public Assistance	31.1	8.8	5.4	8.9	8.5	5.4	10.2	9.0	2.4
Percent Single-Parent Families Among Low-Income Population	69.3	57.1	32.4	25.4	27.1	23.6	36.0	56.4	30.0
Estimated Number of Income-Eligible Children[2]									
3-year-olds	2420	263	NA	37	NA	NA	NA	259	NA
4-year-olds	2680	258	2620	39	83	129	825	286	478
5-year-olds	NA	NA	2560	NA	NA	NA	672	NA	NA
Enrollment in Public School Program (4-year-olds)	1409	0	0	45	0	0	0	468	150

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[1] U = Urban; N = Non-urban; R = Rural (based on 1985 PIR designation)

[2] Estimated only for primary age group(s) served by program; other ages are marked NA.

TABLE IV-2

PROGRAM CHARACTERISTICS OF IN-DEPTH STUDY PROGRAMS

	A[2]	B	C	D	E	F	G	H	I
Agency Type	CAA	Priv.	Priv.	School	School	CAA	CAA	CAA	School
Program Models Offered									
Full Day	●						●	●	
Part Day		●	●	●	●				●
Double Sessions			●	●				●	
Home-Based		●	●	●		●			●
Variations	●								
Locally Designed Option	●	●							
Ages Served	2-4	2-5	4-5	3-4	4	4	4-5	3-4	4-5
Funded Enrollment	607	444	774	120[3]	80	120	871	177	244
Average Actual Enrollment[1]	597	430	770	124	78	120	870	152	238
Average Daily Attendance Rate (%)[1]	74.4	80.2	85.1	88.5	80.2	97.3[4]	91.8	65.6	86.8
Average Monthly Dropout Rate (%)[1]	1.9	1.4	1.0	1.9	1.0	0.5	0.1	1.3	2.3
Size of Waiting List (Fall 1985)	127	72	226	44	18	32	78	0	0
Percent of Funded Enrollment	20.9	16.2	29.2	36.7	22.5	26.7	9.0	0.0	0.0
Estimated Percent of Eligible Children Served									
3-year-olds	36	59	NA	NA	NA	NA	NA	30	NA
4-year-olds	28	95	17	97	96	88	44	19	56
5-year-olds	NA	NA	10	NA	NA	NA	64	NA	NA

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[1] From 12/85 to 4/86, except C, D and E, which are for 12/85 to 3/86.

[2] Data are based only on the four neighborhood programs operated by Program A that were included in the in-depth study. Total funded enrollment of this grantee is 1,656.

[3] Includes 45 funded by state preschool program.

[4] Percent of home visits completed.

family income or with racial/ethnic proportion. The communities with high proportions of single-parent families (A and H) are more likely to be urban; the exception is Program B.

The size of the area served varies considerably. Programs A and C are in areas with more than 5,000 income-eligible children in the age range served by the program; other sites have fewer than 100 eligible children. At four sites there is a public school pre-kindergarten program that also serves children who are eligible for Head Start.

The nine programs themselves represent a wide range of characteristics and services, as seen in the data in Table IV-2. Some are operated by community action agencies, some by public school systems and two by private, non-profit organizations. Some operate standard full-day programs, some part-day, some home-based, and some offer a mix of models. The programs range in size from 80 to 1,656 children, with some serving primarily 4-year-olds and others serving a wider age range. There is also considerable variation among the programs studied in their attendance and dropout rates. Some are serving a very high percentage of the eligible children in their service delivery area, others a small proportion. Some maintain sizeable waiting lists and others have no waiting list at all. Within the context of this in-depth study of a small number of programs and communities, this variation makes it possible to examine a range of factors possibly affecting the operation of recruitment and enrollment practices in Head Start programs.

Community Needs

As seen in Tables IV-1 and IV-2 the nine in-depth study sites represent diverse communities with diverse needs. Interviews with Head Start program staff and with other community agencies provided a picture of how programs conduct their community needs assessments, what kinds of changes in community needs have occurred in recent years, and how programs make use of data from their community needs assessments. Finally, this section of the report presents evidence of the extent to which the eligible families in the programs' service-delivery area are being served.

Conducting Community Needs Assessments

The programs in the in-depth study used a variety of methods to conduct their community needs assessments. Several programs brought together data from a variety of sources to form a composite picture of community needs, including data from community and state agencies such as the welfare department, research and planning agencies, the state Department of Employment Security, United Way, the Chamber of Commerce, the public schools, and community social service and childcare agencies serving Head Start-eligible families. One program sent staff into neighborhoods where families needing Head Start services resided and conducted its own door-to-door survey. A couple of programs, however, surveyed families already enrolled and described their needs as indicative of the needs of those families in the community who are eligible for Head Start.

Several programs reported that the available statistical data were often not up-to-date since census data or periodic studies by other agencies were used. Furthermore, the data tended not to be broken out in ways useful for Head Start programs. For example, data on the number of eligible children were not usually available according to the preschool age groups served by Head Start -- at least not for the catchment area of concern to the Head Start program. Similarly, data on racial/ethnic groups and on the number of families below the poverty level with Head Start-aged children were not always available in a form useful to Head Start programs.

For this reason, some programs, such as one in rural Mississippi, gathered information from as many sources as possible and patched it together along with their own door-to-door surveys of certain neighborhoods in an effort to come up with a reasonable picture of community needs. One program in a small semi-rural area in California found that its best information on community needs came from a questionnaire filled out by families as they enrolled in the program. Head Start staff felt that by examining the range of needs of the families being served, more accurate estimates of the population needs could be made than by using out-dated statistical data on the entire county population.

In addition to attempts to do formal community needs assessments, most directors and social service coordinators relied on direct contact with the people in the neighborhoods, feeling that their informal networks, interactions with other agencies serving needy families, and everyday experiences with the people served provided them with a good indication of community needs. For example, in one large metropolitan area, the grantee conducted a formal community needs assessment covering the total area encompassed by all the Head Start programs it administers. Yet the local neighborhood programs still relied on their own networks and experiences to learn about changes in the community that would require a program response.

In one instance a program conducted an annual review of community needs with its Policy Council and staff. In the preceding year this review identified an attendance problem in the alternate-day program, the only center to which children were bused. A decision was made to move the alternate-day program to a walk-in location in the neighborhood and to bus children to a center where there was a standard five-day program. As a result, attendance in the alternate-day program improved, and the standard program continued to maintain good attendance. In other programs, because Head

Start staff members lived in the community served and were active in other organizations there, they were aware of community issues, knew when a new population had moved into the neighborhood, when housing shortages were occurring, or when families were under stress because of unemployment or other problems.

Different kinds of data are included in the various needs assessments. Some programs are content to obtain information on the number of poverty-level families with children under six or on the total number of children. Other programs also include data on family problems, number of working mothers, number of single-parent families and so forth. A few programs also look at other programs and the number of children/families enrolled in, for example, Title XX daycare or public school pre-kindergarten programs.

The in-depth study site visitors were asked to make a judgment about the quality of the needs assessment information being gathered at the programs. In three sites, the needs assessment data were judged to contain reliable and useful information. In two others, site visitors rated information as being gathered in a rather haphazard manner and felt community needs assessments could have been more systematic. In some sites, the information was rated as out-of-date and not indicative of the eligible population currently being served by Head Start. One site was seen to rely most heavily on impressionistic data, based on hearsay and staff experience, and to pay less attention to a formal needs assessment done by the grantee.

Conclusion. Head Start programs are having difficulty getting accurate, up-to-date information that is classified in ways useful to them for understanding the needs of the populations they serve. Few programs have the expertise, staff and resources to conduct their own direct community needs assessment surveys, however, and surveying the enrolled population does not necessarily tell them about the needs of those eligible families who are not being reached by the program. These findings point to a need for technical assistance to Head Start programs in procedures for conducting community needs assessments and more realistic requirements concerning the frequency and scope of the community needs assessments required by ACYF.

ACYF should also consider providing guidance on the variables or community characteristics that are most relevant for program decisionmaking. It is not sufficient, for example, for a program to know how many eligible 4-year-olds there are unless it also learns how many are already enrolled in other programs. Other indicators of need besides income should be spelled out -- even within the poverty population there are varying family circumstances affected by housing problems, family stress and so forth. Ultimately, ACYF also should recognize that "good" data won't automatically solve the problem of understanding community needs. Even when available, census-type data are limited in the extent to which they can guide program planning.

Perceived Changes in Community Needs

In the context of community needs assessments Head Start program staff members were asked for their impressions about various changes in their communities that might have occurred over the past five years. More than 20 community characteristics were mentioned across the nine programs. The changes reported generally reflect increasing family needs.

Over half the programs perceived increases in the number of single-parent families, and the number of working mothers was reported as increased in all but one of the sites. Most of the programs reported a change in the number of eligible preschool-aged children, some reporting decreasing numbers and some reporting increases.

Poverty was seen as becoming more severe in about half the sites. This is consistent with recent reports on the nation's economy and the plight of the poor, e.g., the New York Times Magazine (June 16, 1985, p. 20) reported that "the number of poor people in America has increased by about 10 million since 1978 ... and the poor are generally further below the poverty line ... than they were then." Two sites, however, found poverty becoming less extreme. One of these was in the deep South where the standard of living of the eligible population is still very low, and inflation contributes to the difficulties families have in surviving even on slightly increased wages. At two sites staff talked about seeing a rise in the numbers of "working poor" (those who are slightly over-income for Head Start) who were experiencing family stress while struggling to make ends meet. Four sites, including two Midwestern rural areas experiencing the current farm crisis, reported increased unemployment in their communities over the past five years.

Eight of the nine in-depth study sites reported a higher incidence of family problems, with three saying that child abuse or drug and alcohol abuse were increasing. Some respondents were uncertain about whether child and spouse abuse had actually increased or whether reporting practices had caused there to be more attention paid to those problems, resulting in more documented cases of families needing social services. Only two programs reported an increase in multi-problem families, but no one believed that the numbers of such families were decreasing among the populations served.

Increased ethnic diversity or changes in the proportions in ethnic groups in the catchment areas of the programs visited were reported by five programs. In three instances increases in Southeast Asian refugees or

Haitian entrants had resulted in special challenges and opportunities for Head Start programs. One southern program had more Blacks moving in or returning to the South and the counties it served while White families appeared to be moving out. One urban neighborhood had an increase in Hispanic families while others found that as Asians were moving in Blacks were moving out.

All four components of the large metropolitan program in the Northeast reported severe housing shortages and overcrowding in the apartments of families in their neighborhoods. This shortage was also reported in Delaware. One rural program covering several counties in the deep South had experienced population shifts as people moved from remote rural dwellings to subsidized housing in apartment complexes in towns in the catchment area.

Other problems mentioned as having increased at one or two sites were the number of teenaged parents, the number of parents in job training programs, the number of children in foster care, the number of illegal aliens, and the number of illiterate parents. These changes, while not as wide-spread as those mentioned above, still indicated community needs that Head Start programs had to address in attempting to serve the most needy.

Conclusion. Head Start communities are perceived by Head Start staff as undergoing various kinds of change, with the families served by Head Start becoming more needy, both in terms of financial needs and in terms of family problems and needs for special services. The Head Start program staff members interviewed were genuinely concerned with meeting the increasing needs in their communities and were typically frustrated by their inability to meet all the needs. With the recent decline in federal support for social service programs, Head Start frequently finds that it is one of the few programs that can address a broad spectrum of family needs while also providing a developmental experience for children. Head Start programs nevertheless must recognize that they cannot meet the needs of all low-income families, or even meet all the needs of the families they decide to serve. In a later section of this chapter possible consequences of trying to serve more of the most needy families are described.

Uses of Community Needs Assessments

Although only one of the in-depth study programs reported *not* using the results of the community needs assessment, programs varied in their uses of these data, and the majority of programs found only one or two uses for the information. Four programs reported using the information in setting recruitment priorities. Their recruitment efforts were aimed at neighborhoods where families needing Head Start might reside, or at particular groups such as young single parents, certain ethnic groups, or families with special needs (e.g., victims of child and spouse abuse, multiple problem families, or handicapped children). Four programs had identified families with low incomes and "special needs" as those most in need of Head Start and had targeted recruitment toward them. Two of these felt that the community needs assessment was helpful in locating such families in the community. Two other programs mentioned targeting Southeast Asian refugees for recruitment, with one reporting that its community needs assessment data had increased awareness of refugees as a needy population.

Four programs used community needs assessment information for program planning. Two of these used it to decide where to locate Head Start Centers. The program in Mississippi had changed the location of a center upon finding a decrease in the number of preschool-aged children in one part of the county and considerable growth in the number of such children in another area.

One program had instituted a home-based program based on the findings of its community needs assessment. Others determined transportation schedules and routes in part on the basis of needs assessment data. One program, which relied mostly on a survey of enrolled parents, not only projected transportation needs through its survey, but also used it in planning curriculum for the parent training component. Parents were asked to check off areas of special interest, including discipline, nutrition, and play as a learning activity. Subject areas receiving the most parent response were selected for parent education activities. Parent suggestions were also elicited for topics for the classroom curriculum. Another program studied in depth the needs of its Southeast Asian refugee parents, held cross-cultural training workshops for its staff, and planned and carried out parent activities based on what they had learned about the special needs of this group of parents.

Four programs said they used community needs assessment data in preparing their funding proposal, in one instance to request expansion money in order to serve a large new group of refugee families that had moved into the area. Two of the four saw the funding proposal as the only use for its needs assessment. One rural program serving remote farm families had learned through the parent survey, which is part of its community needs assessment, that its home-based parents felt their children needed more socialization activities. As a result, the Head Start director requested additional funding to increase the number of center days. The other program used the assessment only to comply with federal regulations and appeared to design it so that the findings demonstrated that Head Start was meeting the needs of the community and should continue to be funded. Staff members did not feel the document was useful to them in program planning, nor for setting recruitment priorities.

Conclusion. Community needs assessment data are used in varying degrees by the programs in the in-depth study. Most programs focused on certain types of information and certain specific uses -- planning transportation, adding a program option, etc. -- rather than employing the information in a wide variety of ways. It is possible that with more understanding of the potential uses of community needs assessment information, as well as more effective methods of gathering that information, programs might find the data of wider use, not only for proposal requirements but also for setting recruitment priorities, identifying the most needy populations in their service areas, and for a variety of program planning activities. ACYF might consider disseminating examples of specific ways in which different programs have put their community needs assessments to use as a means of encouraging more systematic use of such information.

Evidence of Serving the Eligible Population

When the in-depth study programs were originally selected, there was an attempt to obtain variation in terms of the percentage of the eligible population that each site was serving. Estimates from ACYF ("Points Assigned to Counties Based on Need for Service," 1985) made on a county-wide basis were considered during site selection, and among the nine sites the estimated percentage served ranged from 15.8 percent to 52.4 percent. As already noted, local programs have difficulty in obtaining an accurate picture of the eligible population in their communities, so an attempt was made to obtain more accurate census data for the target areas of the in-depth study programs.

Because Head Start service delivery areas are not necessarily the same as the areas on which census data are available at the level of detail needed for this analysis, estimation procedures had to be followed. This was particularly problematic when the Head Start target area constituted only a small portion of the area for which census data were available. If the population of the Head Start target area were too small, then reliable census data could not be obtained at the level of the cells created by an age-by-family-income analysis (i.e., poverty-level 3-, 4- and 5-year-olds). For these sites, enumerations from larger geographic units (counties or multi-county areas) were used for determining the number of Head Start-eligible children in each age group, and then a strategy was selected for estimating the number in the program's target area.

An exact count (1980 census) was available for the Head Start target areas in sites A, C and I. In the six sites where the census area was larger than the program target area, an estimate of the number of Head Start-eligible 3-, 4- or 5-year-old children (depending on site) in the target area was calculated by multiplying the total census-area population of Head Start-eligible children by the proportion of all 3- and/or 4-year-olds in the target area.

As Table IV-3 shows, the estimates obtained for this study differ in most cases from the estimates obtained by ACYF when the entire county area was used. In seven of the nine sites the estimates obtained here indicate a higher proportion of the eligible population being served than was the case in ACYF's earlier estimates. Interestingly, the two sites in which the estimates are practically the same (Programs A and C) are two of the sites in which the census area is the same as the program target area.

The estimates shown in Table IV-3 indicate that programs are serving anywhere from 10 to 100 percent of the eligible population. In six of the nine sites estimates indicate that Head Start is serving at least half of the eligible population.

TABLE IV-3
HEAD START ENROLLMENT IN RELATION TO ESTIMATED ELIGIBLE POPULATION

Program	Age Group	Head Start Actual Enrollment	Estimated Eligible Population in Target Area	Estimated Percent Enrolled in Head Start	ACYF Estimate of Percent Enrolled**
A	3	876	2420	36	
	4	762	2680	28	32.6
B	3	155	263	59	
	4	246	258	95	26.8
C	4	437	2620	17	
	5	257	2560	10	15.8
D	3	38	37	*	
	4	38	39	97	21.7
E	4	80	83	96	27.3
F	4	114	129	88	52.4
G	4	360	825	44	
	5	430	672	64	20.4
H	3	77	259	30	
	4	54	286	19	15.8
I	4	269	478	56	27.9

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* Estimated percent enrolled exceeds 100 percent. This seems to have occurred in areas in which there have been the greatest population changes since the 1980 census.

** "Points Assigned to Counties Based on Need for Service," ACYF, 1985

Table IV-4 shows an added dimension. Four of the in-depth study sites were located in communities in which public pre-kindergarten programs were operated by the public schools. In these sites an average of 50 percent of the eligible 4-year-olds were enrolled in Head Start. However, an additional 42 percent of the eligible 4-year-olds were enrolled in the public school programs, so that all together almost all (92 percent) of the eligible 4-year-old children were enrolled in one or the other of the two programs. It is no wonder that some of these Head Start programs were having difficulty achieving full enrollment and maintaining a waiting list. In fact, one program (H) was under-enrolled and had no waiting list. It appears that virtually all the eligible children in its target area were enrolled in a preschool program (either Head Start or the public schools) according to these estimates.

Conclusion. When the number of Head Start eligible children in the programs' target areas is carefully estimated, it appears that Head Start programs in some communities are serving a higher proportion of the eligible population than was previously thought. In some areas practically all 4-year-olds are enrolled in some program, but Head Start programs are contending with the presence of pre-kindergarten programs in the public schools, a phenomenon that rarely occurred five years ago. Where this is happening, programs may have to reevaluate the need for Head Start services in the area and perhaps consider changes in the target area, in the ages served, or in the program model offered.

In other sites, programs are serving only a fraction of the eligible children. The case studies suggest possible reasons for this that have to do with ineffective recruitment strategies, failure to re-examine the program service-delivery boundaries, unpopular program options, or changes in parental attitudes. (These possibilities are discussed in a later section

TABLE IV-4
PRE-KINDERGARTEN ENROLLMENT IN RELATION TO ESTIMATED ELIGIBLE POPULATION OF 4-YEAR-OLDS IN SITES WITH PUBLIC PRE-KINDERGARTEN PROGRAMS

	Pre-kindergarten Enrollment			Percent of
Program	Head Start	Public School	Total	Eligible Population[1]
A	762	1409	2171	81
D	38	45	83	*
H	54	468	522	*
I	269	150	419	88

Average percent of 4-year olds served -- Head Start only: 50

Average percent of 4-year olds served by both programs: 92

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* Estimated percent enrolled exceeds 100 percent. This seems to have occurred in areas in which there have been the greatest population changes since the 1980 census.

of this chapter dealing with Head Start responses to community and family needs.) In situations in which programs are fully enrolled and have long waiting lists, these figures simply mean that there are not enough Head Start opportunities for the level of need in the community. In these situations programs may have to re-examine their enrollment priorities to ensure that the most needy are being served.

Serving the Most Needy

Head Start programs are required to serve the neediest of the eligible low-income population. The in-depth study provided examples of how programs define the "most needy" and how they go about recruiting and enrolling those considered to be most in need of Head Start program services. These definitions or criteria for judging family needs are described here, followed by a review of the procedures for recruiting and enrolling needy families, evidence of the extent to which program are enrolling the most needy, reasons for enrollment difficulties and data on attendance and attrition. This section concludes with a discussion of what programs perceive to be some of the consequences that would ensue were they to enroll a higher proportion of the "most needy" families.

Defining "Most Needy"

Each in-depth study program appears to have given serious consideration to the mandate of the national Head Start Program that it serve the most needy of the eligible population. Each program had established criteria upon which to base decisions about which families recruited for their programs were most in need of services.

There are four criteria that were most commonly used by the nine in-depth study programs. Listed in order of their average priority, they are as follows:

- Family income (lowest income selected first)
- Child's age (typically priority to 4-year-olds)
- Child handicapping condition
- Number, type and severity of family problems

Other factors (each used by three or fewer programs), which increased chances for selection, included a child being in Head Start the previous year, the family having been in Head Start the previous year, a child having a sibling in the program, the family receiving AFDC, geographic location near a center, larger family size, being a teenage parent, and being Spanish speaking. In most instances these factors were considered less important than the top four in determining need for Head Start services. The following examples illustrate the careful way most programs approach this issue.

In the instance of Program A, the grantee sets nine enrollment priorities, instructing each neighborhood program to determine the relative importance of these needs to the population it serves. These factors include AFDC recipients, the working poor, linguistic minorities, political refugees, referrals from other agencies, children with special needs (i.e., diagnosed or suspected physical and/or emotional problems that affect development and education), families with special needs (i.e. substance abuse, domestic violence, physical/emotional issues, large families with several young children, adolescent parents), and parents attending school or job training programs.

A few programs defined "most needy" in terms of family profiles and targeted their recruitment efforts specifically to those types of families.

One urban program, for example, characterized needy families as "Type A" families, defined as teenaged, single, unemployed parents who are high school dropouts and responsible for the care of a single child with special needs of some sort. The Social Services Coordinator of that program estimated that 75 percent of the program's enrollment was Type A families. (At times it appeared that implementation did not match the ideal -- in this case, only 3 percent of the total program enrollment were teenagers and only 37 percent were high school dropouts.)

A rural program in the Midwest, which provides a home-based program in a wide geographic area, also had a specific definition of "most needy." That program targets income-eligible 4-year-olds for recruitment, but sees family special needs as the more important indicator of need for Head Start. These special needs include having children with handicaps or a stressful home environment, such as single-parent family, inadequate housing, isolated location, and mental health problems. The program director estimated that about 30 percent of the families in the program constitute the most needy by this definition. He emphasized that if the program could recruit them, it would make 100 percent of its enrollment consist of such families if they were income eligible, even though the result would be increased costs and additional staffing for his program.

A multi-county rural program in the South estimated that 92 percent of its enrolled families constituted the most needy in terms of both income and family need for the program. The Social Services Coordinator said that because of the deprivation that families close to the poverty level had experienced, even over-income families are very much in need of Head Start, and by all other definitions may be considered among the most needy. He said, "Our families are still of the same educational level, class, and understanding of how to use resources and how to create a stable home" (whether they are over-income or not). The staff of the program felt that although the program was already serving the most needy, there were large numbers going unserved.

Conclusion. Head Start programs make a serious attempt to weigh a number of factors in addition to family income when assessing family needs. These primarily include age of child, child handicapping condition and the number, type and severity of family problems. Through various ways of setting priorities and describing profiles of family needs, these programs take seriously their mandate to serve families most in need of Head Start services. The implications of these definitions for delivery of program services are explored in later sections of this chapter. As will be seen later (see section on "Enrolling the Most Needy"), measuring and documenting family needs are quite different matters from defining the most needy.

Recruitment Process: Strategies, Effectiveness, and Referrals

Most of the in-depth study programs conducted annual recruitment activities that focused on identifying families for enrollment. Most of the programs began recruitment in March/April with a variety of strategies: flyers; newspaper, radio, and TV announcements; letters to parents; contacts with other agencies; and parents contacting their friends and neighbors. Typically these activities began in the spring when the bulk of the applications were taken and were followed by another surge in the late summer, especially if not all program slots had been filled in the spring. For some programs, however, recruitment was an ongoing process throughout the program year. At a minimum, activities included continuing to make contact with other agencies serving the eligible population and continuing to take applications for admission into the program.

Two programs found it important to recruit door-to-door in the counties they served in order to ensure reaching the most needy families. The Social Services Coordinator at Program G explained that a large number of their rural families lacked the knowledge and skills to obtain the necessary documentation of the child's birth, immunizations and family income in order to complete the application process on their own. By going door-to-door, Head Start staff could reach such families and provide them with assistance in meeting admission requirements. An early (January/February) start in recruitment was necessary in this case in order to reach everyone.

Program C, which also does door-to-door recruitment in target neighborhoods, takes further steps to ensure that family applications for Head Start contain the data needed to enable the selection committee to identify and enroll the families most in need of services. Recruitment staff members fill out detailed information about the family on the application form, assist the family to obtain certificates documenting handicapped child needs, and identify families whose children need the immunizations and physicals required for admission into the program. Such families are bused to special immunization clinics held at each Head Start center to ensure that no families in need of services are placed on the waiting list because they have not met program admission requirements.

Program D, which had difficulty filling all its program slots for several years prior to 1985, resorted to door-to-door recruitment whenever it needed to do so in order to achieve its funded enrollment level. An urban New Jersey program also started recruitment activities in January with distribution of flyers and carried out a door-to-door campaign in March and April for much the same reason, making a registration appointment with interested families to guide them through the process of application, including procuring the necessary documentation. The program was mandated to recruit from the most needy areas of town, as designated by census information, and reported that in one of the communities it serves it had identified pockets of poverty of which the city officials were unaware. The Family Service Worker, a Head Start parent herself, felt that all eligible families in the program target areas knew about the program.

Between the time of recruitment in the spring and the beginning of classes or home visits in the fall, most programs had little or no contact with enrolled families. A few programs made home visits to carry out family needs assessments and gather information on the family social history, others began providing some social services prior to fall program start-up, and most programs said they responded to family needs if called by the parent for assistance during the interim period. Most programs felt that unless families moved from the service area, few changed their minds about program participation during this time.

Programs were asked to rate the effectiveness of their recruitment methods. Door-to-door canvassing, contact with other agencies that would tell their clients about Head Start (churches, welfare department, health centers, public schools) and word of mouth were the three strategies perceived as most effective. Less effective were the distribution of posters and flyers, newspaper ads, and TV and radio announcements. These were deemed less effective because they tended not to reach the eligible population for various reasons. It was often said by respondents that Head Start-eligible families tended not to read newspapers, and that TV and radio announcements either were given at a time when families would not be listening, or were simply not an effective medium for the type of information given in such announcements. When programs reported that door-to-door recruitment was not effective, it was typically because they were distributing leaflets or announcements without making personal contact with families. It should also be noted that in some urban areas door-to-door canvassing was seen as somewhat risky in terms of the personal safety of recruitment staff. One program attempted to overcome this problem by sending staff out in teams using the Head Start van.

These ratings of the effectiveness of recruitment strategies were largely based on the impressions of social service staff since most programs did not keep systematic records of either recruitment activities or of how families learned about Head Start. Therefore, programs were not always certain how enrolled families learned about the program or which recruitment strategy resulted in the enrollment of a particular family. A variety of activities were carried out simultaneously during the recruitment period, and it was difficult to attribute a particular family's enrollment to a particular strategy. Nevertheless, during the site visits an attempt was made to obtain estimates of the percentage of enrolled and waiting list families who were directly recruited by the program (i.e., by door-to-door canvassing, distribution of flyers, etc.), the percentage who initiated contact with Head Start on their own, and the percentage who were referred by other agencies. Table IV-5 shows that, on the average, direct recruitment methods account for the largest percentage of families who enroll in these programs -- 62.6 percent of enrolled families at these programs are "directly" recruited, whereas 27.0 percent are enrolled through family-initiated contact and about 10 percent come through referrals from other agencies. This trend is not universal, however, with three programs reporting that over half their enrollment comes through family-initiated contact. (In most cases, word of mouth results in family-initiated enrollments.) Families on waiting lists (presumably those who are less needy or later in applying) are somewhat less likely to have been directly recruited and somewhat more likely to have come through referral (see below).

TABLE IV-5
PERCENTAGE OF ENROLLED AND WAITING LIST FAMILIES ENROLLED THROUGH DIRECT RECRUITMENT, SELF-INITIATED CONTACT AND REFERRAL

	Directly Recruited by Program		Family Initiated Contact		Referred by Other Agency	
Site	Enrolled	Waiting List	Enrolled	Waiting List	Enrolled	Waiting List
A	52.8	12.7	35.0	54.9	12.3	32.3
B	71.9	13.1	9.5	18.0	18.6	68.9
C	84.7	97.0	8.5	3.0	6.8	0.0
D	99.2	NI	0.8	NI	0.0	NI
E	37.2	62.5	57.7	37.5	5.2	0.0
F	90.3	62.5	6.5	28.1	3.2	9.4
G	79.4	NI	4.2	NI	16.4	NI
H	35.7	NA	54.3	NA	10.0	NA
I	12.0	NA	66.9	NA	21.0	NA
Mean	62.6	49.6	27.0	28.3	10.4	22.1

NA = Not Applicable; no waiting list

NI = No Information Available

One site (Program E) in which most of the enrollments came through family-initiated contact with the program also reported that its major recruitment strategy relied on people with first-hand knowledge of needy families making personal visits to talk with families about the program. Perhaps this program considered subsequent applications from such families as "family-initiated," even though they were in response to these contacts by the program. The Head Start administrators at Program E felt that less personalized strategies (including the pre-registration day at the local school for kindergarten, first grade, and Head Start) were not as effective for recruitment because families were reserved, tended to keep to themselves, and were unlikely to take the initiative in making contacts at public events. It was also felt that these families did not have educational backgrounds that would incline them toward reading letters and advertisements.

The other program that saw family-initiated contact as the means by which most enrolled families entered the program found word of mouth to be the most effective recruitment strategy for its program. This program served predominantly Hispanic families who responded well to this strategy which placed great emphasis on family and community contacts and social interaction. "Parents know when their children receive good care, and other parents believe them when they recommend the program," according to a Head Start staff member. This program had no difficulty filling program slots. (It had no waiting list because children not enrolled in Head Start were enrolled in the pre-kindergarten program in the public schools until a vacancy occurred in Head Start.) Over-reliance on personal contacts carries with it the risk that only the people with which one has contact will be recruited. This particular program had a racial/ethnic group composition that did not closely match the service area at large, which might have resulted from the key role of personal contacts in the referral process.

Referrals are important to Head Start. The in-depth study programs reported receiving referrals from a variety of agencies, including the welfare department, daycare agencies, health agencies, child protective services, and so on. Estimates of the percentage of enrolled families at each site obtained through referrals (Table IV-5) ranged from 21 percent in Program I (which had a cooperative arrangement with the state preschool program to enroll income-eligible families in Head Start first) to 3.2 percent in Program F (which appeared to have little communication with other childcare agencies in its area and considered its coordination with other agencies as "informal"). Program D reported no enrollments through referrals, although staff members interviewed said they received a number of referrals, especially from a program for young handicapped children.

Across the nine sites an average about 10 percent of enrolled families came from referrals. In three of the five programs in which the comparison is possible, a larger percentage of waiting list families came through referrals.

The three urban programs (A, B, and I) all worked actively to achieve cooperation with other agencies serving Head Start-eligible populations and to ensure that they were aware of what Head Start had to offer. The Program Coordinator at Program A3 was in constant contact with other agencies, including child protective services, welfare programs, health and mental health programs, other childcare agencies, and the courts and legal aid. She felt she did more phoning and outreach to these agencies than they did to her and said, "If I didn't continue the relationship, they wouldn't pick up the phone." Her efforts paid off for the program, as she estimated that about half their enrollments came through referrals. When combined, the four programs included in Program A received 12 percent of their enrolled families and 32 percent of their waiting list families through referrals.

Program B gives recruitment priority to families referred through other social service agencies including child protective services and agencies serving the handicapped. The staff at the Human Services office kept Head Start application forms in its office for distribution to families who were interested in Head Start services.

Program I had 21 percent of its families referred to it from other agencies. It kept in close contact with various community agencies and had letters of agreement with some of them regarding referrals to Head Start. Head Start staff also interacted frequently with other agencies in the community and at meetings of the local affiliate of the National Association for the Education of Young Children. Head Start staff said that about 10 percent of their non-handicapped and 75 percent of their handicapped children had come through referrals. Program I also had an agreement with the public school pre-kindergarten program whereby the most needy families were enrolled in Head Start and the remainder taken by the public schools program, Head Start being able to offer such families services unavailable to them through the public schools program.

Conclusion. Most programs devote a significant portion of the year and considerable staff effort to recruitment activities. A variety of recruitment strategies are used, with each program reporting that it used several. The strategies judged to be most effective involve personal contact with eligible families and require the greatest investment of staff time and resources. Yet a number of programs felt that such strategies are essential if they are to reach the most needy families. Recruitment strategies are not always what they appear to be. Door-to-door canvassing of neighborhoods may be either mere distribution of leaflets or more proactive knocking on doors and face-to-face talks with prospective families. Word of mouth, sometimes cited as a valuable recruitment method, is actually not a strategy but rather a result of a program's visibility in the community. And because it is passive rather than active, programs cannot effectively control "spreading the word" to the most needy.

At most programs there is little contact between programs and families between the time of application and the time of enrollment in the fall, although a few conduct family needs assessments or begin providing some social services. On the average, about 10 percent of enrollment came through referrals. Several sites, particularly in urban areas, maintained active cooperation with other agencies, and such special efforts were rewarded by referrals of families in need of Head Start services. Since programs collect very little information for evaluating the relative effectiveness of the various recruitment methods used, it might be helpful if they received guidelines on how to assess the impact of their recruitment efforts.

Enrolling the Most Needy

Once programs define the "most needy" and complete their recruitment efforts, it is necessary to select the most needy from the pool of applicants. Seven of the nine programs used a selection committee to make decisions about which families to enroll into the program. At one site the Head Start Director reviewed the applications and made recommendations to the Policy Council with input from the teachers and Social Services Coordinator. Another program director said that although the program prioritized the application forms according to need, it had never had a problem prior to this year because it could take all who applied, and thus had never needed a selection committee.

Most programs used a system of ranking or prioritizing families according to the program's definition of the most needy, as discussed above. Typically a selection committee meets, and each member assigns a numerical value to the factors considered on each application. Applications are then rank-ordered by the committee, with those families who were assigned the highest number of points (i.e., considered the most needy) being selected for enrollment. The remaining families are placed on a waiting list if they want to be considered for the program when vacancies occur.

Thus far, the experiences of these nine programs have illustrated the process of assessing community needs and defining, recruiting and enrolling the most needy. It is now appropriate to consider how effective these programs have been in enrolling those families considered to be most needy.

At the outset it must be acknowledged that it is very difficult to obtain sufficient information about a community to be able to ascertain how effective a given Head Start program is in serving the most needy families. In the in-depth study several factors were examined that give indications of community needs, and taken together they permit overall judgments on this issue. Some evidence can be found by examining community demographics; other evidence comes from a comparison of enrolled children and families with those on waiting lists. If children and families selected into the program appear to be more needy than those on waiting lists, it may be inferred that programs are exercising judgment and selecting those with greater needs.

Comparisons of selected demographic characteristics of enrolled families with the characteristics of low-income families with 3- to 5-year-old children in the community or communities served by the in-depth study programs provide evidence that the needier families are, by and large, the ones receiving Head Start services. Table IV-6 compares the nine program enrollments with the populations of their respective service areas on a number of variables.

In terms of family income, it is very clear that in most program areas, the programs are enrolling families from the lowest end of the income distribution. Most dramatic are Programs B, E and G in which more than 40 percent of the enrolled families have annual incomes under $4,000. On the average, for the eight programs in which these comparisons could be made, 80.9 percent of the program enrollment comprised families earning $13,000 per year or less. A similar picture emerges in terms of families receiving public assistance, with the percentage among program enrollment far exceeding the percentage among the general population. Another indication of family need, single-parent status, supports the contention that Head Start families are needier -- in all but one site the percentage of enrolled families who are single-parent exceeds the percentage of single-parent families among low-income families with 3- to 5-year-old children in the community.

Many Head Start programs would not consider themselves to be effectively serving their communities if the racial/ethnic balance of enrolled children were disproportionate to the racial/ethnic balance of the low-income population in their community. In five of the sites there appear to be some discrepancies. Program B may be under-enrolling White families while over-representing Black and Hispanic families; Program C appears to be under-enrolling White families while over-enrolling Hispanic families; Program G appears to be over-enrolling Black families and under-representing eligible White families; Program H appears to have a higher proportion of Black families and a smaller proportion of White families

TABLE IV-6
COMPARISONS OF PROGRAMS (P) AND THEIR COMMUNITIES (C)[1] ON SELECTED DEMOGRAPHIC VARIABLES

SITE

	B		C		D		E		F		G		H		I	
VARIABLE	P	C	P	C	P	C	P	C	P	C	P	C	P	C	P	C
Percent Earning $13,000 or less	94.0	25.0	94.0	35.8	80.6	33.7	91.1	50.8	82.2	37.8	97.8	50.8	95.5	22.6	92.8	42.5
Percent Earning $4,000 or less	47.4	6.8	4.1	7.1	6.6	6.8	41.0	17.3	20.0	7.8	50.1	13.2	33.7	7.9	11.5	5.1
Percent Receiving Public Assistance	56.9	8.8	39.5	5.4	55.1	8.9	25.6	8.5	19.2	5.4	51.6	10.2	75.2	9.0	21.0	2.4
Percent Single-Parent Families[2]	71.5	57.1	36.7	32.4	31.4	25.4	30.0	27.1	17.9	23.6	66.9	36.0	79.4	56.4	42.2	30.0
Percent in Each Racial/Ethnic Group[2]																
White	33.2	53.3	11.6	42.7	36.9	40.8	92.5	88.8	97.6	89.6	0.7	35.7	13.9	39.1	24.2	62.5
Black	51.7	40.3	6.8	6.6	0.8	6.7	7.5	10.3	0.0	0.0	99.3	62.6	69.4	41.7	20.5	7.5
Hispanic	14.8	5.2	78.1	44.6	49.2	48.6	0.0	0.9	0.0	0.9	0.0	0.0	16.0	17.3	54.5	23.8
Asian	0.0	0.0	0.9	1.5	1.6	0.6	0.0	0.0	2.4	1.9	0.0	1.2	0.7	0.6	0.0	5.0
Native American	0.3	0.0	2.7	2.9	11.5	1.5	0.0	0.0	0.0	7.6	0.0	0.6	0.0	0.6	0.8	1.3
Other	0.0	1.3	0.0	1.7	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0

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[1] "Community" refers to the program's service area, whether a single city or town or multiple counties. Community estimates are based on 1980 census data with the service area approximated as closely as possible; in most cases the "community" is an area larger than the program's actual service area. The comparison for Program A is not considered valid because data on these variables were not obtained for the entire program enrollment.

[2] Community percent is percent of the low-income population (family income of $11,000 or less) with 3- to 5-year old children.

than the community at large; and Program I seems to be over-enrolling Hispanic and Black families while White families are less well represented in the program. In three of these sites (C, G and H) the median income of the minority families was lower than that of the White families, indicating that in carrying out their plan to enroll the more needy families the programs created racial/ethnic imbalances. In Program B, the median income was the same for the three main racial/ethnic groups, but in Program I, the median income of Hispanic families was $2,000 higher than the median for White and Black families, although the medians for White and Black families did not differ.

Other indications of the extent to which programs are enrolling the most needy families are seen in comparisons between the children and families enrolled and those placed on waiting lists. At the in-depth study sites both subjective impressions and quantitative analyses of these two groups of children and families were made.

Head Start staff members were asked for their perceptions about how waiting list families differed from those who were enrolled. As might be expected, most respondents felt that waiting list families were less needy than those who were enrolled and that more of them were over-income. One program said that waiting list children tended to be younger; another said that the families and children on the waiting list had less severe problems than did enrolled families. Four programs mentioned that waiting list families had not yet provided complete documentation of income and child information, such as birth certificates and immunization records. The Social Services Coordinator in Mississippi said that many of the lowest income families ended up on the waiting list because they were late applying and couldn't "get themselves together" to complete the necessary documentation even with assistance from the staff. This, he said, resulted in the program being unable to serve them and, instead, enrolling those who qualify for Head Start even though somewhat less needy.

In addition to collecting these perceptions, program records of enrolled and waiting list children and families were tabulated and comparisons made on a number of variables. These are detailed in the tables that follow. (Note that two of the in-depth study programs had no waiting lists.)

- Income Level (Table IV-7). At six of the seven programs with waiting lists, enrolled families had lower incomes.
- Family Structure (Table IV-8). Enrolled families were somewhat more likely to be single-parent and to have more children.
- Public Assistance (Table IV-9). More enrolled families (55 percent) were receiving public assistance (predominantly AFDC) than waiting list families (34 percent).
- Employment (Table IV-9). A number of programs had not kept information on the employment status of families at all or had not kept that information on waiting list families. In three programs, the mothers of enrolled children were less likely to be working either full or part time, whereas in two sites, the waiting list mothers were less likely to be employed.
- Children's Ethnicity (Table IV-10). At three sites, enrolled children were somewhat different from waiting list children in terms of ethnicity. In Program A, a large urban program which for the most part serves ethnically diverse neighborhoods, the percentage of Hispanic and Asian children enrolled in the program was substantially less than the percentage of those on the waiting list. Further, the percentage of White enrolled children was substantially higher than that of White children on the waiting list. Program B also had a higher percentage of Whites enrolled than on the waiting list, but a smaller percentage of Hispanics among enrolled children compared with the waiting list percentage. In Program D, enrolled children included a lower percentage of Whites than were on the waiting list.

Data were also collected on a number of other variables during the site visit. It would have been interesting to compare enrolled and waiting list families on such factors as mother's educational attainment, mother's age, and proportion of mothers who had been teenagers when their first child was

TABLE IV-7
FAMILY INCOME OF ENROLLED AND WAITING LIST FAMILIES

Site	Median Income Category		Difference
	Enrolled	Waiting List	
A	$5,000-5,999	$6,000-6,999	+$1,000
B	4,000-4,999	8,000-8,999	+$4,000
C	5,000-5,999	4,000-4,999	-$1,000
D	8,000-8,999	8,000-8,999	0
E	5,000-5,999	19,000+	+$14,000
F	8,000-8,999	18,000-18,999	+$10,000
G	3,000-3,999	5,000-5,999	+$2,000
H	5,000-5,999	NA	--
I	8,000-8,999	NA	--

TABLE IV-8
FAMILY STRUCTURE OF ENROLLED AND WAITING LIST FAMILIES

Site	Percent Single-Parent Families		Average Number of Children per Family	
	Enrolled	Waiting List	Enrolled	Waiting List
A	79.3	76.2	2.4	2.2
B	71.5	45.8	2.5	2.2
C	36.7	52.2	2.8	2.7
D	31.4	38.6	2.9	2.4
E	30.0	12.5	2.6	2.1
F	17.9	9.4	2.8	2.5
G	66.9	64.1	2.9	2.6
H	79.4	NA	2.0	NA
I	42.2	NA	3.0	NA
7-Site Average[1]	47.7	42.7	2.7	2.4

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[1] Average based on the seven programs with waiting lists.

TABLE IV-9
OTHER CHARACTERISTICS OF ENROLLED AND WAITING LIST FAMILIES

	% of Families Receiving Public Asst.		% of Mothers Employed FT or PT		% of Mothers Who are HS Graduates		% of Mothers 21 Years or Younger		% of Mothers 25 Years or Older		% of Mothers Under 18 When First Child Born	
Site	Enrolled	Waiting	Enrolled	Waiting	Enrolled	Waiting	Enrolled	Waiting	Enrolled	Waiting	Enrolled	Waiting
A	75.4	68.7	18.4	23.3	53.6	41.5	17.4	28.2	61.0	59.6	18.8	16.9
B	56.9	33.3	32.1	63.7	16.0*	3.6*	22.1	3.0	54.4	72.7	19.5	19.7
C	39.5	25.1	32.1	19.3	21.6*	NI	6.3	NI	74.9	NI	22.6	NI
D	55.1	84.0	7.5	NI	NI	NI	NI	NI	NI	NI	NI	NI
E	25.6	5.6	16.7	56.3	41.1	87.5	NI	NI	NI	NI	NI	NI
F	19.2	0.0	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI
G	51.6	50.0	43.0	39.1	49.2	NI	15.3	NI	64.0	NI	15.9	NI
H	75.2	NA	27.4	NA	54.9	NA	11.7	NA	61.3	NA	24.8	NA
I	21.0	NA	48.4	NA	42.0	NA	10.0	NA	70.6	NA	6.5	NA
Average[1]	46.2	38.1	28.5	40.3								

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[1] Public Assistance average based on 7 sites with waiting lists; employment average based on 5 sites.

*Based on partial data.

NI = No Information

NA = Not Applicable

TABLE IV-10
PERCENT ETHNIC GROUP MEMBERSHIP OF ENROLLED AND WAITING LIST FAMILIES

Site	White		Black		Hispanic		Asian		American Indian	
	Enroll	Wait	Enroll	Wait	Enroll	Wait	Enroll	Wait	Enroll	Wait
A	34.5	9.3	55.7	60.7	9.4	22.4	0.4	7.5	0.0	0.0
B	33.2	22.2	51.7	55.6	14.8	22.2	0.0	0.0	0.3	0.0
C	11.6	10.7	6.8	5.4	78.1	81.7	0.9	1.3	2.7	0.9
D	36.9	45.5	0.8	0.0	49.2	52.3	1.6	0.0	11.5	2.3
E	92.5	100.0	7.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
F	97.6	100.0	0.0	0.0	0.0	0.0	2.4	0.0	0.0	0.0
G	0.7	0.0	99.3	100.0	0.0	0.0	0.0	0.0	0.0	0.0
H	13.9	NA	69.4	NA	16.0	NA	0.7	NA	0.0	NA
I	24.2	NA	20.5	NA	54.5	NA	0.8	NA	0.0	NA

born (because of the expressed concerns with increased teenage pregnancies at some sites), but as seen by the entries in Table IV-9, most sites did not have this information on waiting list families, and several were not able to report the information on enrolled families either.

Conclusion. All programs establish criteria for enrollment in addition to income and carefully review applications to determine who should be enrolled. Enrollment criteria in three programs included factors related to ethnicity. In these cases, families from linguistic minorities were mentioned as meeting one of the criteria of need addressed in the selection process. Other indicators of need such as income, child handicap, and family problems were given much higher priority in the selection process by all nine sites.

In general terms, programs appear to be successful in the application of the criteria they establish. When compared to the population of children and families in their service areas, enrolled families tend to be from among the most needy when factors such as family income, public assistance, and family structure are considered. From among those families recruited, programs tend to select the needier families while placing those with higher incomes, those more likely to be two-parent families, those less likely to be receiving public assistance, and those more likely to be employed on waiting lists. This is not to say there is no room for improvement in efforts to serve the most needy. As the case studies in Appendix B indicate, there are a number of programs that are not serving all of the eligible population, yet enroll children whose families are at the upper end of the low-income population distribution or are over-income. It is recognized that changing enrollment patterns might have some effect on program operations, so this issue was explored with those programs and is reported in the following section.

Some programs reported difficulties or delays in making selection decisions because of families failing to obtain the necessary documentation (and the missing data in Table IV-10 provide evidence of programs' lack of information about waiting list families who have applied for enrollment). Programs may need to put more effort into assisting families with meeting the application documentation requirements (as some are doing). It is also important that they have information on the family characteristics related to selection criteria that affect selection decisions. Families who have the greatest difficulty providing documentation may be among the most needy.

Consequences of Serving More of the "Most Needy"

Head Start Directors, Social Service Coordinators, and parents on the Policy Council were asked to judge what the impact on their programs would be if they were to serve more of the families considered to be most in need of Head Start. Even though the in-depth study programs felt that they were making serious efforts to identify those most in need of Head Start, a number of them also felt that serving larger percentages of such families would have major consequences for their programs.

One urban program's Family Service Worker felt that if her program enrolled a greater proportion of the "most needy," more demands would be placed on the staff and either they would have to serve fewer children or increase staff and resources. The program's Social Services Coordinator pointed out, however, that the program is already enrolling the most needy from among its applicants, and that there are only rare occasions when it would not enroll eligible children, such as when children had behavioral or emotional problems causing them to be dangerous to others or when their particular type of handicap indicated they would benefit more from another type of setting.

A rural county program in Kentucky defined the "most needy" in terms of income-eligible families with a 4-year-old having either a diagnosed or suspected handicap or coming from a problem family. Staff estimated that between 50 and 80 percent of those currently enrolled fit that profile. Increasing the number of such families in the program would have a number of consequences, according to the staff: Staff burnout would result from greater workloads in classrooms and from making more home visits to meet the higher needs of families with handicapped children and stress in the home. It would also be necessary to add classroom staff with special education training. The program also felt a home-based option might have to be added to accommodate children whose handicap prevented them from being adequately served in a center. The result of these program changes in response to serving more of the most needy would be an increase in operating costs to provide personnel with higher levels of professional training as well as to provide needed special equipment for the handicapped.

The program in Arizona had a very similar definition of the most needy and mentioned the same concerns regarding staff burnout and higher operating costs, adding that program attendance levels would not be as good and that there would be a higher dropout rate. Another program that made low income and special needs its selection priorities, felt that it would have to provide more services, but not necessarily any new services, if it were to have a greater number of such families enrolled. Additional training for the entire staff might be needed and new centers might need to be added in order to better accommodate the handicapped. Recruitment staff members felt recruitment might become more difficult because special needs families are harder to locate, identify, and enroll.

A small program whose Social Service Coordinator was also a classroom teacher said it would need a full-time person in that position and more program staff because it was committed to continuing to pursue the program goal of helping to build independence in the families served. If there were more families with problems, it would take longer to reach this goal, and staff training would be needed for dealing with particular family needs; curriculum changes might also be necessary.

A large southwestern program that currently estimated that it was serving only 23 percent of the eligible population in its service area and a program in the rural South both thought they would be serving more families (but not necessarily different types of families) if they were to enroll more of the "most needy." The former program felt that if more resources were available it would extend its services to families in the more distant rural areas who had no access to services.

Staff members interviewed at a large metropolitan area grantee all expressed concern about heavy impacts on their programs from serving more of the "most needy." In anticipating the result, one neighborhood program director said, "One family with multiple problems can use up all your resources." She indicated that staff burnout would result from having a program full of such families. Not only would staff stress increase, there would also be a need for higher paid, more highly trained staff. Children in the program would be affected, too. A parent on the Policy Council felt strongly that serving more families with problems would not be beneficial to the program. She said, "It's not healthy to have too many children of one type. If they all have serious problems, they can't learn from each other. . . . I wouldn't want my kid in a program where all the kids had problems."

Conclusion. Most program staff who were interviewed felt that enrolling a higher proportion of the "most needy" would have a negative impact on the delivery of Head Start services. It was felt this would create the need for additional staff, additional stress and burnout among existing staff, and increased operating costs. It was also felt there might be a detrimental effect on the parents who are enrolled because there would be fewer "role models" of parents who are "making it." Similarly, concern was expressed for the quality of children's classroom experience were there to be a much higher proportion of "problem" children.

Head Start Responses to Community and Family Needs

The extent to which the services of a Head Start program meet the needs of the population it seeks to serve influences its ability to recruit, enroll, and retain those families. For this reason, case study interviewers asked Head Start staff members why their current program models had been adopted, how families were assigned to different Head Start models and what kinds of program changes were made in order to better meet community needs. Programs having difficulty meeting their funded enrollment levels were asked the reasons for their difficulty in filling program slots and whether they felt that changes in the program would remove those difficulties. Data on dropouts, new enrollees and on attendance provided additional perspective on how effectively programs are responding to community needs.

Adoption of Program Models and Assignment of Families to Models

A number of programs reported that they had implemented particular program models in response to community needs. In some cases models were offered because of parental preference -- full day programs in response to parents in job training or working; or alternate-day programs in response to parent preferences to have their children at home for longer periods. Programs offering home-based options also did so in response to community or family needs, either because of transportation difficulties or because they felt their families were particularly in need of training in parenting skills.

Some programs were influenced by lack of classroom space or by teacher preference in selecting their program models. The program in Minnesota had originally adopted the home-based option because of the large rural area it served, but with the inception of state-mandated kindergarten programs classroom space previously available to Head Start had been taken over by local education agencies, making the home-based option even more appropriate a response to problems facing the program. Families and children were assigned to different models at most programs for similar reasons. If parents were in training or working, children tended to be assigned to full-day programs; if transportation were a factor, the geographic location of the center or the area served by bus routes was considered in assigning particular options. Children in remote areas might be assigned to home-based programs if that option were available.

Another factor, mentioned by several programs in assigning families to different options, was the child's age. The programs in California and Arizona, for example, offered home-based instruction to 3-year-olds and center-based instruction to 4-year-olds. In those instances, the child's need for socialization was seen as the reason for providing center-based instruction for 4-year-olds, while special family needs were addressed through home-based instruction.

Programatic Changes

A number of examples of program changes made in response to community needs have been given throughout this report. The following paragraphs provide additional instances of Head Start programmatic changes made to accommodate community and family needs. They include examples of staffing changes and staff development activities, parent training, new programs and services, establishing a new center or relocating an existing one, providing more transportation, coordination with other agencies and schools, adopting a new program option, and adjusting the target area served. An urban neighborhood program made major curriculum changes, added specific staff development and parent training sessions in response to the needs of an influx of Southeast Asian and Chinese families in the area it served. Another urban program added Haitian parents to its recruitment teams because sizeable numbers of Haitian entrants had moved into the neighborhood.

A number of other program changes were made in response to family needs. One school-based program learned that Head Start-eligible parents needed more awareness of available services in the community, and wrote a grant proposal to provide more parent education in order to address that need. Mentioned earlier was a program that discovered a need on the part of the isolated rural families in its home-based program for more socialization, and hence requested additional funding to hold more frequent "center days" for its families. In the Southwest, a Head Start program's staff added a Spanish-speaking classroom aide and more varied menus of ethnic foods to better serve the large number of Hispanic families in its program.

Establishing a new center or relocating a center in response to community needs happened in a number of instances; for example, in Mississippi the number of preschool-aged children decreased dramatically in one area and increased in another. The program responded by closing the center where there were fewer age-eligible children and opening a new one where it was needed. A Texas program added two classrooms in response to community needs, and began busing families from new geographic areas to existing centers.

Program C set some very ambitious program goals for coordination and cooperation with other agencies in meeting a number of identified family needs. These included providing more health services for families not eligible for the state's Department of Economic Security subsidy, involving other community agencies in the development of child abuse support systems, conducting additional parent education to upgrade parent's job skills and improve their job hunting abilities. A fourth goal was increasing community involvement in Head Start through developing a closer relationship with the local school district.

In this case also, the regional office was concerned that Program C document the need to serve families for more than one year. (The program had been using its home-based option as a "feeder" program for bringing high-risk 3-year-olds into its center-based program.) Staff members were convinced that a two-year program, in which the home visits empower parents to be more effective in their children's education, followed by a classroom experience focusing on the developmental needs of the children, would result in more lasting change for the families they serve, and would most effectively meet their needs. In her letter to the regional office in this regard, the Head Start Director wrote, "To look at only the need to serve the maximum number of children without also addressing the need to effect lasting change would be short sighted and potentially damaging to Head Start."

In some instances changes in model or target area served seemed indicated by the situation at the sites, but programs were not responding accordingly. For example, Program B had strong indications that parents did not like the home-based option or the alternate day program, yet they continued to be offered. In other instances community demographics changed but programs were enrolling disproportionate numbers of one ethnic group. Yet the program seemed satisfied with its situation and had no plans to change its recruitment activities in order to recruit the underserved ethnic groups.

Conclusion

Programs do implement particular models because of perceived family or community needs. In addition, major factors such as the child's age, area of residence, parent employment, or training situation are considered when assigning families to different program options. Other considerations are also brought to bear, however, and program options are not always used to meet individual family needs. Because of difficulties in conducting useful community needs assessments, programs may not always perceive the need for program changes. When programs do perceive a need for program changes in response to community needs, they sometimes make those modifications where resources are available to do so. In other instances, changes in model offered or target area served seemed to be indicated but programs did not respond accordingly.

Enrollment Levels, Attendance Rates, and Attrition

Over a five-month period (December 1985 through April 1986) in-depth study programs were asked to provide enrollment and attendance data for a randomly selected week in each month. In addition, detailed information was obtained on each dropout and new enrollee during the five months.

Enrollment and Waiting List Levels

Table IV-11 compares the funded center-based enrollment of each of the nine case study programs with the actual enrollment in those programs for December 1985 through April 1986. The average current enrollment calculated as a percentage of funded enrollment for the five-month period ranged from 85.9 percent to 104.6 percent. All but one of the programs maintained an average enrollment exceeding 97 percent of their funded enrollment for the five-month period examined; three programs maintained enrollments of 100 percent or higher.

Table IV-12 includes the same information for the five programs operating home-based options. The average actual enrollment for the five-month period ranged from 90.2 percent of funded enrollment to 100 percent. On the average, the five programs were able to maintain an enrollment level that was 97 percent of the funded enrollment.

In most cases enrollment could be maintained at or close to the funded levels because replacements for dropouts could be selected from waiting lists. Two of the in-depth study programs had no waiting lists, and the other seven had waiting lists ranging in size from 9 to 36 percent of their funded enrollment. Most programs reported that their waiting lists have either stayed the same or grown longer in recent years, indicating that in-depth study programs, with some exceptions, still have pools of eligible families from which to fill program vacancies. Making sure that waiting list families are income-eligible and meet each program's criteria for being most needy is sometimes more difficult, however. There also may be certain geographic areas within the program's service area or certain program models in which enrollment difficulties are experienced, even though the overall picture appears satisfactory.

TABLE IV-11
ENROLLMENT AND ATTENDANCE RATES FOR SELECTED PERIODS
CENTER-BASED COMPONENTS ONLY

		DECEMBER			JANUARY			FEBRUARY		
Program	Funded Center-Based Enrollment	Current Enrollment[1] No. (%)	Attendance[2] (%)	Comments	Current Enrollment[1] No. (%)	Attendance[2] (%)	Comments	Current Enrollment[1] No. (%)	Attendance[2] (%)	Comments
A	559	540 (96.6)	72.0	Based on 4 centers	538 (96.2)	72.2	Based on 4 centers	544 (97.3)	71.8	Based on 4 centers
B	362	357 (98.6)	83.5	12/2-no classes inservice	353 (97.5)	69.5	One day attendance dropped to 58% due to weather	354 (97.8)	76.1	Closed 1 day due to snow
C	576	578 (100.3)	88.3		581 (100.9)	81.9		580 (100.7)	88.5	2 classes of 17 each not meeting; center not ready
D	96	101 (105.2)	90.7		99 (103.1)	89.4		101 (105.2)	82.5	No classes Monday, 2/10
E	80	80 (100.0)	83.3		79 (98.8)	69.6	Only open one day, due to snow	77 (96.3)	--	No classes all week due to snow
F	None			Home-Based only	None			None		
G	871	871 (100)	94.7		871 (100.0)	82.2		870 (100.0)	92.5	
H	177	153 (86.4)	66.3		151 (85.3)	56.1	1 center had no transportation due to staff vacancy	150 (84.7)	57.3	Holiday 2/10 Snow day 2/11
I	220	219 (99.5)	88.0		220 (100.0)	89.5		214 (97.3)	84.1	No classes Monday 2/10

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[1] Current daily enrollment and percent of funded enrollment

[2] Average daily attendance for a one-week period, as a percent of current enrollment

TABLE IV-11 (continued)
ENROLLMENT AND ATTENDANCE RATES FOR SELECTED PERIODS
CENTER-BASED COMPONENTS ONLY (continued)

		MARCH			APRIL			SUMMARY		
Program	Funded Center-Based Enrollment	Current Enrollment[1] No. (%)	Attendance[2] (%)	Comments	Current Enrollment[1] No. (%)	Attendance[2] (%)	Comments	Average Current Enrollment[1] No. (%)	Average Attendance[2] (%)	Comments
A	559	542 (97.0)	69.0	Based on 4 centers	549 (98.2)	77.2	Based on 4 centers	543 (97.1)	72.4	
B	362	358 (99.0)	83.6		357 (98.6)	88.1		356 (98.3)	80.2	
C	576	589 (102.3)	81.5		Missing			582[3] (101.0)	85.1[3]	April Missing
D	96	101 (105.2)	91.5		100 (104.2)	None	Spring Break	100 (104.6)	88.5[3]	Spring Break
E	80	77 (87.5)	87.7		77 (87.5)	None	Spring Break	78 (97.5)	80.2[4]	Closed due to snow Jan., Spring Break - April
F	None	None			None			None		Home-Based Only
G	871	871 (100.0)	94.8		871 (100.0)	95.0		871 (100.0)	91.8	
H	177	153 (86.4)	73.2		154 (87.0)	74.5		152 (85.9)	65.6	Holiday 2/10 Snow day 2/11 Transportation problems
I	220	210 (94.5)	86.9		207 (94.0)	85.9		214 (97.3)	86.8	No classes Monday 2/10

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[3] Based on 4 months

[4] Based on 3 months

TABLE IV-12
ENROLLMENT AND HOME VISIT COMPLETION RATES FOR SELECTED PERIODS
HOME-BASED COMPONENTS ONLY

		DECEMBER						JANUARY					
					Reasons for visits not completed[3]						Reasons for visits not completed[3]		
Program	Funded Home-Based Enrollment	Current Enroll.[1] No. (%)	Total Home Visits Planned	Home Visits Completed[2] No. (%)	(a)	(b)	(c)	Current Enroll.[1] No. (%)	Total Home Visits Planned	Home Visits Completed[2] No. (%)	(a)	(b)	(c)
A	None												
B	82	75 (91.5)	209	162 (77.5)	27.7	21.3	51.0	73 (89.0)	286	209 (73.1)	32.5	32.5	35.0
C	198	194 (98.0)	594	518 (87.2)	17.1	19.7	63.1	189 (95.5)	756	656 (86.8)	20.0	4.0	76.0
D	24	24 (100.0)	72	66 (91.7)	50.0	16.6	33.3	23 (95.8)	69	66 (95.7)	66.7	33.3	0.0
E	None												
F	120	124 (103.3)	372	369 (99.2)	0.0	100.0	0.0	120 (100.0)	460	444 (96.5)	56.2	6.3	37.5
G	None												
H	None												
I	24	24 (100.0)	62	52 (83.4)	20.0	10.0	70.0	24 (100.0)	83	67 (80.7)	25.0	62.5	12.5

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[1] Percentage of funded home-based enrollment.

[2] Completed visits as percentage of those planned.

[3] (a) = Cancellation by family.
(b) = Family not at home.
(c) = Other, not known.

TABLE IV-12
ENROLLMENT AND HOME VISIT COMPLETION RATES FOR SELECTED PERIODS
HOME-BASED COMPONENTS ONLY (continued)

		FEBRUARY						MARCH					
Program	Funded Home-Based Enrollment	Current Enroll.[1] No. (%)	Total Home Visits Planned	Home Visits Completed[2] No. (%)	Reasons for visits not completed[3] (a)	(b)	(c)	Current Enroll.[1] No. (%)	Total Home Visits Planned	Home Visits Completed[2] No. (%)	Reasons for visits not completed[3] (a)	(b)	(c)
A	None												
B	82	75 (91.5)	219	159 (72.6)	25.0	10.0	65.0	74 (90.2)	247	202 (81.8)	53.3	20.0	26.7
C	198	197 (99.5)	591	574 (97.1)	52.9	29.4	17.6	197 (99.5)		Missing			
D	24	23 (95.8)	69	67 (97.1)	100.0	0.0	0.0	24 (100.0)	72	72 (100.0)	NA	NA	NA
E	None												
F	120	120 (100.0)	488	453 (92.8)	20.0	0.0	80.0	120 (100.0)	516	503 (97.5)	76.9	0.0	23.1
G	None												
H	None												
I	24	24 (100.0)	83	76 (91.6)	85.7	14.3	0.0	24 (100.0)	96	89 (92.7)	0.0	100.0	0.0

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[1] Percentage of funded home-based enrollment.

[2] Completed visits as percentage of those planned.

[3] (a) = Cancellation by family.
(b) = Family not at home.
(c) = Other, not known.

TABLE IV-12
ENROLLMENT AND HOME VISIT COMPLETION RATES FOR SELECTED PERIODS
HOME-BASED COMPONENTS ONLY (continued)

		APRIL						SUMMARY					
					Reasons for visits not completed[3]						Reasons for visits not completed[3]		
Program	Funded Home-Based Enrollment	Current Enroll.[1] No. (%)	Total Home Visits Planned	Home Visits Completed[2] No. (%)	(a)	(b)	(c)	Average Enroll. No. (%)	Average Home Visits Planned	Average Home Visits Completed[2] No. (%)	(a)	(b)	(c)
A	None							None					
B	82	73 (89.0)	257	210 (82.0)	27.7	4.3	68.0	74 (90.2)	244	188 (77.0)	33.2	17.6	49.1
C	198	Missing						193 (97.4)[4]	647	583 (90.0)	30.0	17.7	52.2
D	24	23 (95.8)	72	67 (93.0)	0.0	60.0	40.0	23 (95.8)	71	68 (95.7)	54.1	27.4	18.3
E	None							None					
F	120	119 (99.2)	551	550 (99.8)	100.0	0.0	0.0	120 (100.0)	477	464 (97.3)	50.6	21.3	28.1
G	None							None					
H	None							None					
I	24	24 (100.0)	96	88 (91.7)	0.0	100.0	0.0	24 (100.0)	84	74 (88.1)	26.1	57.4	16.5

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[1] Percentage of funded home-based enrollment.

[2] Completed visits as percentage of those planned.

[3] (a) = Cancellation by family.
(b) = Family not at home.
(c) = Other, not known.

[4] Based on three months

Although it is useful and necessary, for a number of reasons, for programs to maintain waiting lists, it is not a simple matter of "more is better." It is important to consider the expectations that are created, both with individual families and with the community at large, when families are recruited and complete all the necessary documentation leading up to the selection process, but are then kept waiting for services.

Two sites had program options for which they had difficulty achieving full enrollment. One of these was Program B, where staff reported that families in the home-based option don't like the program and drop out. Another program had trouble maintaining enrollment in its alternate-day program, although it had been popular at one time. In both of these instances, staff members felt that a change in program option from home-based to center-based or from alternate-day to five-day programs would keep families in the program and enable them to maintain full enrollment.

Three programs were experiencing competition with state or local preschool programs, which were enrolling some of the available Head Start-eligible children. In some cases it was reported that parents felt such programs would better prepare their children for school: In some sense, schools appeared to have greater "legitimacy" for early education. In the case of Program H, this was only part of the problem. This program was also seeing an increase in multi-problem families, and parents of those families were seen as disinterested in the parent involvement required by Head Start. Program A also reported that the extensive pre-kindergarten program operated by the city school district was attracting a number of families who would otherwise have enrolled their children in Head Start.

Program I, also located in a state with a publicly funded preschool program, is actually operated by the public schools and has a very different experience. Rather than competing, Head Start and the public school program cooperate. When Head Start's enrollment is complete, waiting list children are enrolled in the public school program and then transferred to Head Start when a slot opens up. Families generally approved this transfer because of the additional services they receive when enrolled in Head Start.

Program F believed that all eligible families in its service area were being served either through Head Start or the state program for special needs children. In fact, estimates obtained for this study showed that Head Start was serving 88 percent of the eligible 4-year-olds. This program had worked out a creative cooperative agreement with the public schools whereby Head Start staff attended the preschool round-up sponsored by the public schools, talking to families about the option offered through Head Start's home-based program and conducting home recruitment visits to families who were invited to the round-up but did not attend. These home visits were considered key to successful recruitment, but program staff members felt they were still unable to reach a newly eligible population: farmers who had recently gone bankrupt. Staff felt there was a special need for Head Start in those families because of the amount of stress they were experiencing, but felt these farm families were reluctant to take advantage of the program because of a resistance to accepting government assistance.

Other factors affecting these programs' ability to maintain funded enrollment levels included an inability to carry out effective recruitment activities. There was some feeling on the part of the director of Program H that recruitment efforts had not been aggressive enough, for example, and Program A1 was short of social services staff and thus unable to address itself as vigorously as usual to efforts at recruiting families into vacant program slots.

Finally, community characteristics themselves, or changes in the local community, sometimes create difficulties in meeting enrollment goals. Program A1, for example, reported that a number of eligible families were moving from the area because of an acute shortage of low-income housing.

Conclusions. Average actual enrollment levels are close to (97 percent of) funded levels, and most programs have waiting lists from which to draw in filling program vacancies. Enrollment difficulties may relate to a program's responsiveness to community needs. Although some causes for difficulty in maintaining full enrollment are beyond program control, higher enrollment levels could be attained in other cases through changing program options, putting more effort into recruiting, or through creating cooperative arrangements with other childcare agencies. It should be recognized, however, that certain program changes (such as relocating a center or adding staff) are expensive and require collaboration on a number of levels -- local, regional and federal.

Attendance Patterns

Weekly attendance rates between December and April varied widely from month to month and from program to program (see Table IV-11). In center-based programs the lowest weekly rate was 56.1 percent (Program H in January), due to problems the program had in providing transportation that month; the highest weekly attendance rate was 95.0 percent of the current enrollment level (Program G, April).

The average weekly attendance rate for the five time periods sampled ranged from 65.6 percent of current enrollment at Program H to 91.8 percent for Program G. The average for all eight center-based programs was 81.3 percent, slightly below ACYF's standard of 85 percent. Calculated as a percentage of funded enrollment, the average center-based attendance was slightly lower -- 79.8 percent -- and ranged from 56.4 percent at Program H to 92.6 percent at Program D. The lowest average rate for the eight programs occurred in January (76.3 percent); December, March and April were all between 83 and 84 percent.

For the five programs with home-based components, the percentage of completed home visits was calculated for each of the five months between December and April (Table IV-12). The average for all programs over the five-month period was 90.4 percent. (The programs planned an average of 3.5 visits per family per month and completed 3.2.) The range was from 77.0 percent for Program B to 97.3 percent for Program F. Program F, a home-based only program, had consistently high completion rates ranging from 92.8 percent in February to 99.8 percent in April.

Weather was reported to be a constant factor in Program H's attendance, as were child illness and other family crises. Also, a recent increase in Haitian and Central American immigrants was cited as a factor in increased absenteeism. It was believed that some parents viewed Head Start as a convenience for them rather than as a benefit for the child. High absenteeism in Program B occurred among their multiple-problem families who experienced a lot of illness. Program G, on the other hand, had a very high attendance rate and reported few family problems.

Program C over-enrolled to keep attendance rates high. This program also has a policy of terminating families if the child is absent for 15 days (although they report they have not actually done this). Staff members interviewed felt that high-risk children need the program more, even if they maintain a lower average daily attendance. As one put it, "the truth is, we'd go out of compliance to help a family." At one site the schools gave prizes for good attendance, and staff felt this affected Head Start parents who had children in the public schools.

Some reasons for absences suggest important facts about the needs of the families being served even though these may not be the most numerous reasons. At Program I, for example, there was one child who was kept home by her mother because the mother feared that her ex-husband would kidnap the child. One of the home-based programs (Program F) mentioned the "moms who can't get it together" as missing home visits due to their forgetfulness, lack of organizational skills and not understanding the parental role as teacher of their child. As the Director commented, "it's a goal of our program to get these parents back on track and have them start accepting responsibility; it's not always possible in the short time we work with the families, but a true effort to help these families and children is put forth." Site visitors heard other reports along these lines as well, such as the depressed parent who wanted her child home for the parent's comfort.

About one-third of all uncompleted home visits are cancelled by the parent for various reasons. In addition, about 20 percent of all uncompleted visits are due to the parent simply not being at home when the home visitor arrives.

Conclusion. Center-based attendance rates for the in-depth study programs are somewhat lower than the national standard of 85 percent. In addition to weather problems, which are difficult to work around in some areas, and family or child illness, which is more common among the higher-need families, there are a variety of personal problems that contribute to the attendance problems at many of the sites. Cancellations of home visits and failure to be home at the scheduled time are the major reasons that home-based programs don't complete all their home visits. The fact that they are serving the most needy families is seen by most program staff to be an obvious reason for these problems, and the extra staff time and commitment necessary to work with families to encourage better attendance can have detrimental effects on program operations.

Attrition

Understanding the reasons for family dropouts may provide yet another perspective on difficulties Head Start programs may have in meeting community and family needs. The in-depth study obtained both impressions of Head Start staff and documentation of reasons for families leaving the programs. Head Start Program staff were asked for the reasons that people dropped out of their programs and about the characteristics of families who drop out. Moving away from the service area was the main reason given for dropouts at all programs, although the reasons for moving differed. Most people moved in search of employment, sometimes because they were seasonal agricultural workers, sometimes because there were no jobs where they were living. In metropolitan areas, many families moved due to overcrowded housing brought about by a serious shortage of affordable apartments for low-income families.

A second reason often cited for dropouts was the need for full-day care or the fact that Head Start hours did not coincide with the parent's work schedule. One director of a childcare agency in California felt that if Head Start wanted to encourage families to work and become self-sufficient, the program should provide parents with program hours that would support their doing so; otherwise, such parents were forced to choose between Head Start and going to work. A rural home-based program, as well as several urban programs, reported that a major reason families dropped out was their need for childcare while working.

Problems with transportation were also said to cause people to drop out of programs. This often occurred when the parent was responsible for transporting the child and either had car trouble or lived far from the center and found it difficult to provide regular transportation for the child.

A factor cited in home-based programs occurred in situations in which there were divorced or separated parents so that there was no one at home to meet with the home visitor. Staff of programs offering other options also saw family problems as a precursor to dropouts, with parents with multiple problems sometimes feeling too "swamped" to participate in Head Start. Sometimes parents simply decided they preferred to keep their child at home, feeling too attached to the child to be separated from him or her. A parent interviewed in California summarized the overall impression of the dropout situation for Head Start programs by saying, "Once people get in and see the effect of Head Start on their child, they wouldn't willingly take the child out. The staff provides good support."

The in-depth study programs kept records on dropouts and new enrollees for a five-month period (December 1985 to April 1986.) The 168 dropouts that occurred in this period give a picture of the range of reasons. It is recognized, however, that many dropouts occur in the early fall (September - November) so that these data may not capture all reasons, especially if the reasons are different at different times of the year. Table IV-13 lists the reasons given for dropping out and shows the percentage of families who dropped out for each reason. More than half dropped out because they moved away from the service-delivery area. There was no other reason that predominated, but the ones given most often were "excessive absences," "transferred to daycare," "parent requested drop" (with no information on reason), and "transportation problem." Although expected on the basis of interviews, there were actually no cases in which a family dropped out because parents failed to provide the necessary documentation (instances of this may occur mainly in the early months of the program year, however).

The monthly dropout rates for each program are shown in Table IV-14. For the five-month period studied they ranged from as few as none (which

TABLE IV- 13
PERCENTAGE OF DROPOUTS DUE TO EACH REASON
(December 1985-April 1986)[1]

Reason	Program									Percent of
	A	B	C	D	E	F	G	H	I	Total Reasons
Moved	35.8	56.7	47.8	58.3	100	100	100	10.0	74.1	51.8
Too many absences	1.8	30.0	8.7	8.3	0.0	0.0	0.0	0.0	7.4	8.9
Transferred to daycare	13.2	0.0	4.3	16.7	0.0	0.0	0.0	10.0	3.7	7.7
Transferred to other Head Start	1.8	0.0	8.7	0.0	0.0	0.0	0.0	0.0	0.0	1.8
Transferred to public school	7.5	3.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.4
Transportation problem	3.8	6.7	4.3	0.0	0.0	0.0	0.0	10.0	0.0	4.2
Parent requested drop	3.8	3.3	0.0	0.0	0.0	0.0	0.0	40.0	7.4	6.0
Parent didn't keep home visit appointments	0.0	0.0	13.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8
Parent became employed	3.8	0.0	8.7	0.0	0.0	0.0	0.0	0.0	0.0	2.4
Family no longer eligible	1.8	0.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0	1.2
Parent not providing documentation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0	0.0
Parent not cooperating	0.0	0.0	0.0	16.7	0.0	0.0	0.0	0.0	3.7	1.8
Child under age	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.7	0.6
Long-term illness of child	3.8	0.0	4.3	0.0	0.0	0.0	0.0	10.0	0.0	2.4
No reason given	22.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.1
Total number of dropouts	53	30	23	12	4	3	6	10	27	168

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[1] Except Program C, which includes data only for a three month period, December 1985-February 1986.

TABLE IV-14

INFORMATION ON DROPOUTS AND NEW ENROLLMENTS[1,2]

	DECEMBER			JANUARY			FEBRUARY		
Program	Total Current Enrollment[1]	Dropouts[2] No. (%)	New Enrollments No. (%)	Total Current Enrollment[1]	Dropouts[2] No. (%)	New Enrollments No. (%)	Total Current Enrollment[1]	Dropouts[2] No. (%)	New Enrollments No. (%)
A	540	8 (1.5)	9 (1.6)	538	14 (2.6)	21 (3.9)	544	11 (2.0)	12 (2.2)
B	428	3 (0.7)	3 (0.7)	426	9 (2.1)	4 (0.9)	422	8 (1.9)	11 (2.6)
C	772	10 (1.3)	13 (1.7)	770	13 (1.7)	18 (2.3)	770	none	none
D	125	3 (2.4)	none	122	4 (3.3)	4 (3.3)	124	2 (1.6)	1 (0.8)
E	80	none	2 (2.5)	79	1 (1.3)	none	77	3 (3.9)	1 (1.3)
F	124	1 (0.8)	none	120	2 (1.7)	none	122	none	none
G	871	none	none	871	6 (0.7)	3 (0.3)	868	none	3 (0.4)
H	153	2 (1.3)	2 (1.3)	151	3 (2.0)	6 (4.0)	150	none	1 (0.6)
I	243	6 (2.5)	5 (2.1)	244	7 (2.9)	8 (3.3)	238	6 (2.5)	none

---

[1] Includes center and home-based programs.

[2] Dropouts and new enrollment as a percentage of current enrollment.

TABLE IV-14 (continued)

INFORMATION ON DROPOUTS AND NEW ENROLLMENTS[1,2]

	MARCH			APRIL			SUMMARY		
Program	Total Current Enrollment[1]	Dropouts[2] No. (%)	New Enrollments No. (%)	Total Current Enrollment[1]	Dropouts[2] No. (%)	New Enrollments No. (%)	Average Total Current Enrollment[1]	Total Dropouts No. (%)	Total New Enrollment No. (%)
A	542	11 (2.0)	9 (1.6)	549	9 (1.6)	14 (2.6)	543	53 (9.8)	67 (12.3)
B	430	9 (2.1)	1 (0.2)	431	3 (0.7)	10 (2.3)	427	30 (7.0)	30 (7.0)
C		Missing			Missing		770	23 (3.0)[3]	31 (4.0)[3]
D	124	2 (1.6)	3 (2.4)	124	1 (0.8)	1 (0.8)	124	12 (9.7)	9 (7.3)
E	77	none	none	77	none	none	78	4 (5.1)	3 (3.9)
F	121	none	none	122	none	none	121	3 (2.5)	none
G	871	none	none	871	none	none	870	6 (0.69)	6 (0.69)
H	153	5 (3.3)	10 (6.5)	154	none	none	152	10 (6.6)	19 (12.5)
I	234	5 (2.1)	none	231	3 (1.3)	none	238	27 (11.3)	13 (5.5)

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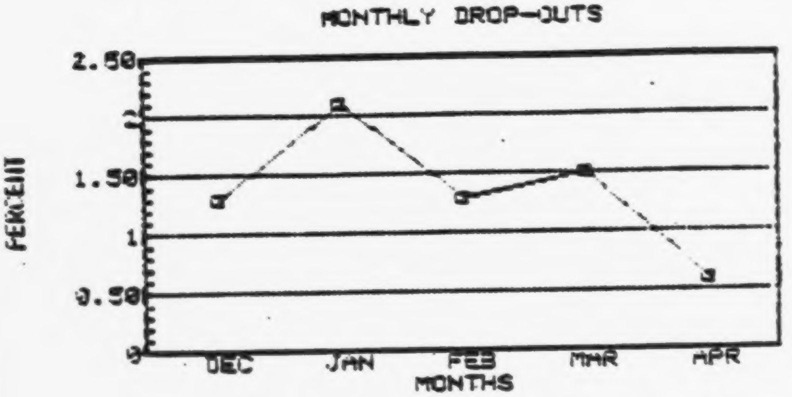
[1] Includes center and home-based programs.

[2] Dropouts and new enrollment as a percentage of current enrollment.

[3] Based on three months

several programs experienced) to a high of 3.9 percent (for Program E in February). The mean dropout rate for the nine programs varied considerably from month to month, as shown in the following graph:



Dropout rates were highest in January (mean of 2.1 percent) and then declined to a low of 0.6 percent in April. If these monthly dropout rates, which averaged 1.36 percent per month, were projected to an entire program year, one would expect about a 13.6 percent turnover in the course of a ten-month program year. (This compares with 17.9 percent reported for the telephone survey programs.)

Table IV-15 shows that the average dropout was enrolled for 114 days. A third of the dropouts were enrolled for 3 months or less and 54 percent were enrolled for 4 months or less.

Comparisons between the children and families who dropped out of the program and the total enrollment indicate that the dropouts did not constitute a substantially different population in terms of indicators of

TABLE IV- 15

NUMBER OF DROPOUTS BY LENGTH OF TIME ENROLLED IN PROGRAM

	Days Enrolled							
Program	1-30	31-60	61-90	91-120	121-150	151-180	181+	Average Number of Days Enrolled
A	3	3	13	11	9	7	7	116
B	0	4	3	7	9	6	1	124
C	1	4	7	4	7	0	0	94
D	0	0	2	2	4	3	1	136
E	0	0	0	1	1	2	0	147
F	0	0	2	0	1	0	0	97
G	0	0	0	3	3	0	0	121
H	2	3	0	2	2	1	0	85
I	0	4	6	4	8	4	1	108
Totals	6	18	33	34	44	23	10	114

family need. In terms of family income, the dropouts had about the same income as the average enrolled family in two sites, higher incomes in three sites and lower incomes in four sites. These families were replaced by new enrollees who had lower median incomes in five sites, higher incomes in one site and the same median income in another site. About half the dropout families were single parent, as was the case for the total enrollment at these sites.

Some program staff had stated that more dropouts were from families who were on AFDC, and this was borne out at five sites, where there were higher percentages of dropout families on AFDC than there were in the total enrollment. At three sites, however, the opposite was the case, with fewer dropouts being on AFDC than the percentage reflected in the total program enrollment. The new enrollees at the same number of sites also had higher percentages of families on AFDC than did the total enrollment, although this pattern was only true of waiting list families at four programs.

At five of the sites the distribution of dropouts along racial/ethnic lines differed somewhat from the distribution of enrolled children. At Program A the dropouts included a higher proportion of Hispanic children and a lower proportion of Black children than existed among all enrolled children. At Program C dropouts included higher proportions of White, Black and Native American children than were present among the total enrollment and a lower proportion of Hispanic children. At both Programs D and I more White and fewer Hispanic children dropped out than would be expected according to their proportions among enrolled children.

Dropouts were compared with enrolled families on how they had been originally recruited. Within particular sites there were very definite differences, but no apparent trend across the nine sites. In some sites, for example Program I, dropouts happened to be those families who had originally initiated contact with the program whereas the total enrollment was more likely to have been directly recruited by the program. In Program A, on the other hand, the dropouts were more likely to be the families who had come through referral.

No clear patterns of dropout by program model emerged, and which components experienced the higher percentage of dropouts varied widely across sites. Some program staff thought home-based families were more likely to drop out than families from other models, but considering the four mixed sites with home-based models, at two (Programs B and I) the proportion dropping out was very similar to the proportion of home-based families enrolled. At Programs C and D, on the other hand, there were more dropouts from the home-based option than would be expected according to the proportion enrolled. The pattern of dropouts and new enrollments at Program A supports that program's contention that there is a need for full-day programs. Although the full- and part-day dropout rates were in direct proportion to the numbers of families enrolled in the full- and part-day options, a higher proportion of the new enrollees went into full-day slots. At most sites, however, new enrollments were in about the same percentages per model as the dropouts, indicating that vacancies in a particular model were filled by enrolling children into that model rather than into another program option.

Conclusion. The major reason for families dropping out -- moving away -- is beyond the program's control. The other half of the dropouts, however, might be prevented if initial selection were to occur only after a careful screening by the program ensured that the program was able to meet the family's needs (e.g., checking that there are no transportation problems, being sure the family doesn't need full-day childcare, and so forth). Family and child characteristics of dropouts vary from site to site with no strong indications of a link between particular characteristics and the tendency to drop out of Head Start. In some programs, program model appeared to affect dropouts and new enrollments, with evidence in a large urban program of family preference for the full-day program, and evidence in two rural or semi-rural programs that families were moving away from home-based in favor of center-based (part-day) programs.

Decisions Not to Enroll

The case study programs, in general, reported that once recruited for Head Start, few families decline to enroll their children in the program. When this does occur, the major reason was reported to be family moves or planned moves from the area. Other reasons given were parents feeling their child was not emotionally or psychologically ready to enter the program, or feeling they were not ready to be separated from their child. Parents also sometimes needed full-day care for their child or preferred to have the child enter a public preschool program. Reasons given less often for declining to enroll a child in Head Start were parent dissatisfaction with the program model offered, parent feeling the program was not "religious" enough, or parent not caring for the amount of parent involvement required by Head Start.

Except for situations in which parents are not happy with the program model their children are enrolled in, program staff did not feel that there were many program changes that would encourage families to enroll in the program. Changes that staff felt might be helpful included the following:

- provide full-day care
- allow a sliding-fee payment scale for over-income families
- discontinue requirements that parents volunteer or become involved in the program

- change home-based components to center-based or alternate day to five day
- reduce the amount of documentation and paperwork that families have to complete in order to enroll in the program

Conclusion. The reasons that families have for not enrolling their children in Head Start vary. For the most part, they are reasons over which Head Start has no control, such as the parent moving from the area or preferring to keep the child at home. In some instances, program changes (such as adding a different program option) might encourage reluctant families to enroll in the program. But one or two changes will not meet every family's needs, and there are idiosyncratic reasons for deciding not to enroll that programs cannot completely address.

Perceived Need for Augmented Services

In order to take a different perspective on whether Head Start programs are meeting the needs of the communities they serve, program staff were asked what they would do if funding were not an issue and their program had unlimited resources to draw upon in serving their communities. In most cases staff members said they would not necessarily provide any new services but would serve a larger number of families than they are currently able to serve. This statement was made at most sites where staff perceived they had been unable to enroll more than a small percentage of the eligible population, especially in the large northeastern city and the large rural program in the South. In nearly every site, concern was expressed for the needs of families whose problems are similar to those of eligible families, but who are slightly over income for Head Start. If Head Start Programs had unlimited resources, they would like to provide services to these families as well.

A number of programs felt they could serve more families if they were able to provide more transportation services, especially in rural areas or areas, such as the sites in the Southwest, where programs serve both urban and rural families and could serve more families if they could provide more transportation to Head Start centers. Some programs found their budgets for providing heath-related services stretched rather thin by increasing family needs. As a result of this, several said that if they had unlimited resources, they would provide more health services to the families they serve. Other programs expressed a growing concern for the just-over-income-guidelines families -- those who are not quite eligible but have serious needs. In a number of ways this concern that income doesn't tell the whole story of family need has emerged as a real issue.

Many program directors mentioned that, if they had more resources, they would provide more staff training. While some staff had early childhood degrees or CDA credentials and others were currently studying for one or the other of these, a large percentage of the staff members at the in-depth study sites did not have any formal training for the work they were doing. In addition, as more families with special needs were being recruited for Head Start programs, directors and coordinators saw a need for training staff in working with these families.

The educational needs of Head Start parents were also of concern to staff at nearly every site. The need for more education in parenting skills was foremost in the minds of Head Start staff, as was teaching parents about nutrition, how to access community resources, and how to find jobs. More than one site mentioned a desire to provide training that would give parents marketable skills, to create linkages with JTPA programs, or actually to provide jobs for parents. A number of programs had been able to find jobs for parents within the Head Start program itself as classroom aides, cooks, cook's helpers, or bus drivers.

Conclusion. Many Head Start Programs perceive a need for augmenting their services to better meet the needs of the families and communities they serve. Suggested expansion of current services included transportation to bring rural families into centers, health services to meet increased family medical needs, training to enhance parents' skills in parenting and the use of community resources, job training or job placement for parents, and training to improve staff teaching skills and to better equip staff to work with special needs children and families. The additional concern, raised by a number of programs, for serving the "working poor" or families only "slightly over income" raises an important issue of need vs. resource allocation. Although the family whose income is just above the poverty level is still very needy by any standard, there is no denying the fact that the financial needs of those below the poverty level are even greater, and Head Start is not yet meeting all of the needs of the lowest income families. This discussion may be somewhat moot, however. As the Report on Preschool Programs recently noted (January 7, 1987), many Head Start programs were only able to survive 1986's financial crunch by cutting transportation and laying off nutritionists and other support staff.

Highlights of Findings From The In-Depth Study

Community Needs

Head Start programs have difficulty getting accurate, up-to-date, and useful information for understanding the needs of the populations they serve. There is a general perception, however, that in terms of financial need, family problems, and special services, Head Start families are becoming increasingly needy. Community needs assessments are used in varying degrees -- for program planning, for funding proposals, etc. -- but more effective ways of gathering, interpreting, and using the information are needed.

In some areas, Head Start is serving a high proportion of the eligible population and when there is also a public pre-kindergarten program, Head Start may need to re-evaluate the need for its services. In other areas, Head Start serves only a fraction of the eligible children, either because of ineffective recruitment strategies, failure to re-examine the program service-delivery boundaries, unpopular program options, or changes in parental attitudes. Where programs are fully enrolled and have long waiting lists, there are not enough Head Start opportunities for the level of need in the community, and programs may have to re-examine their enrollment priorities to ensure that the most needy are being served.

Serving the Most Needy

Head Start programs consider such factors as family problems, child's handicap, and child's age, in addition to income, when assessing family needs. By setting priorities, they take seriously their mandate to serve families most in need of Head Start services. Considerable effort is devoted to recruitment activities, with a variety of strategies used. The strategies judged to be most effective in reaching the most needy involve personal contact with eligible families and require the greatest investment of staff time and resources. Door-to-door canvassing may be either mere distribution of leaflets or more proactive knocking on doors and face-to-face talks with families. Word of mouth, sometimes cited as a valuable recruitment method, is rather passive and programs cannot be sure the most needy hear the word. About 10 percent of enrollments come through referrals. At most programs there is little contact between programs and families between the time of application and the time of enrollment in the fall. Programs have only sketchy ideas about the relative effectiveness of the various recruitment methods used.

All sites establish criteria for enrollment in addition to income (e.g., child handicap, family problems, language minority status), and appear to be successful in applying these criteria. When compared to the population of children and families in their service areas, enrolled families tend to be from among the most needy when factors such as family income, public assistance, and family structure are considered. From among those families recruited, programs tend to select the needier families while placing others on waiting lists. There are, however, a number of programs that are not serving all of the eligible population, yet enroll children whose families are at the upper end of the low-income distribution or are actually over-income. Some programs reported difficulties or delays in making selection decisions because of families failing to obtain the necessary documentation, and these families may be among the most needy.

Enrolling a higher proportion of the "most needy" might increase the need for additional staff, increase stress and burnout among existing staff, and increase operating costs. There might also be a detrimental effect on the quality of children's classroom experience and on parents who are enrolled (because there would be fewer "role models").

Head Start Responses to Community and Family Needs

Programs sometimes implement particular models because of perceived family or community needs, and factors such as the child's age, area of residence, parent employment, and or training situation are considered when assigning families to different program options when economically and operationally feasible. There are also examples in the in-depth study of programs not responding to community needs. In still other cases, the community needs assessments are not adequate to indicate important community changes.

Enrollment Levels, Attendance Rates, and Attrition

Average actual enrollment levels are close to (97 percent of) funded levels, and most programs have waiting lists from which to draw in filling program vacancies. Programmatic changes (new options, cooperative arrangements with daycare providers, more vigorous recruiting) might improve enrollment levels in certain programs, but some types of changes would be expensive to implement.

Center-based attendance rates for the in-depth study programs are somewhat lower than the national standard of 85 percent. Family or child illness, which are more common among the higher-need families, and a variety of personal problems, contribute to the attendance problems. Serving the families with high levels of need is seen by program staff to be a reason for these problems, and the extra staff time and commitment necessary to work with families to encourage better attendance can have detrimental effects on other aspects of program operations.

The major reason for families dropping out -- moving away -- is beyond the program's control. The other half of the dropouts, however, might be prevented if initial selection were to occur only after a careful screening ensured that the program was able to meet the family's needs. There does not appear to be a relationship between particular family/child characteristics and the tendency to drop out of Head Start. In some programs, program model appeared to affect dropouts and new enrollments.

For the most part, programs have no control over the major reasons that families have for not enrolling their children -- moving from the area or preferring to keep their child at home. In some instances, program changes (such as adding a different program option) might encourage some reluctant families to enroll in the program, but would not necessarily meet all families' needs.

Perceived Need for Augmented Services

Many Head Start programs perceive a need for augmenting their services to better meet the needs of families and communities they serve. Suggested expansion of current services include transportation, health, training in parenting skills and the use of community resources, job training or job placement for parents, and staff training in working with special needs children and families. A number of programs raised concerns for serving families only "slightly over-income." This raises a concern with judging family needs by criteria other than income when Head Start programs are required to serve the neediest of the poverty population in terms of income.

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APPENDIX A

TELEPHONE SURVEY QUESTIONS AND RESPONSE DISTRIBUTIONS

Number (%) Programs responding each category

A. COMMUNITY NEEDS ASSESSMENT

N=74 **A-1. Has your program conducted a formal community needs assessment within the last four years?**

14 (18.92) **No -- Skip to Question A-5, page 8.**

59 (79.73) **Yes -- A-1a. In which of the last four years did you conduct a complete community needs assessment?**

1 (1.35) DK

24 **1983**	26 **1984**	25 **1985**	21 **1986**
(32.43)	(35.14)	(33.78)	(28.38)

A-1b. In which of the last four years did you update the community needs assessment? N=59

21 **1983**	23 **1984**	33 **1985**	31 **1986**
(28.38)	(31.08)	(44.59)	(41.89)

A-2. I'm going to read a list of the types of information that can be used in compiling a community needs assessment. As I read each one, tell me whether you use that type of information or not. (Interviewer: Check as many as are used.)

N=59	N=74		
98.3%	58	(78.4)	**Number of families below poverty level**
93.2	55	(74.3)	**Number of families with preschool-aged children**
89.8	53	(71.6)	**Number of single-parent families**
71.2	42	(56.8)	**Number of working mothers**
94.9	56	(75.7)	**Number of families on AFDC**
57.6	34	(45.9)	**Number of children eligible for free lunch**
89.8	53	(71.6)	**Employment/Unemployment data**
69.5	41	(55.4)	**Availability of subsidized day care**
93.2	55	(74.3)	**Ethnic composition of the community**
39.0	23	(31.1)	**Other (specify:____________________)**
13.6	8	(10.8)	Number of handicapped children
1.7	1	(1.4)	Number of teenage parents
3.4	2	(2.7)	Drug/alcohol statistics
5.1	3	(4.1)	Child abuse/neglect statistics
18.6	11	(14.9)	Social problems (crime, etc.)
23.7	14	(18.9)	Data on other eligible populations (illegal aliens, educ. of parent, etc.)
33.9	20	(27.0)	Information about other programs/services
1.7	1	(1.4)	Number of preschool-aged children
	15	(20.3)	N/A

You were given the following question in advance -- No. A-3. Do you have the rankings for the information sources that we listed? (Interviewer: Do not read question unless necessary).

*A-3. Many Head Start programs obtain information from other agencies for their community needs assessment. We would like your opinion about the most useful sources of information. Rank the following types of agencies according to how useful they are in providing you with community needs assessment data. (Rank the most useful source as 1, the second most useful as 2, etc.).

N=55

No. Programs Ranking	Mean Rank	Mean rank of all 55	
39	3.9	5.0	Local child care resource and referral agency
27	4.7	6.4	State Title XX child care administrator
28	5.2	6.5	State licensing official
50	1.8	2.3	Local welfare department
38	4.2	5.3	Local unemployment office
51	2.9	3.2	Local school district
5	2.4	8.0	Census data
4	4.3	8.3	University, chamber of commerce
29	3.0	5.5	Other local agency, including grantee
9	3.4	7.8	Other state agency
12	4.9	7.8	Miscellaneous

A-4. Many Head Start programs have difficulty obtaining accurate data relevant to their community needs assessment. I'm going to read several statements about community needs assessments. As I read each one, tell me whether it applies to your community needs assessment or not. (Interviewer: Check as many as apply.)

N=59 Would you say:

N=59		
39	(66.1%)	Our needs assessment information is up-to-date, describes our service delivery area, and is complete. (Skip to Question A-5.)
12	(20.3)	Much of the information is out-of-date
14	(23.7)	Information is not broken down for our service delivery area
12	(20.3)	Certain types of information necessary for planning is not available
12	(20.3)	Information is incomplete

6 Programs said "yes" to all 4

(Interviewer: If needed information is out-of-date, not available or incomplete, ask A-4a.)

N=19 A-4a. **In your experience, what types of information are not available in ways that are useful for conducting a community needs assessment?**

No.	%		
3	15.8	01	Number of families below poverty level
0		02	Number of families with preschool-aged children
1	5.3	03	Number of single-parent families
0		04	Number of working mothers
1	5.3	05	Number of families on AFDC
0		06	Number of children eligible for free lunch
4	21.1	07	Employment/unemployment data
0		08	Availability of subsidized day care
3	15.8	09	Ethnic composition of the community
0		10	Number of handicapped children
2	10.5	11	Number of teenage parents
0		12	Drug/alcohol statistics
1	5.3	13	Child abuse/neglect statistics
1	5.3	14	Social problems (crime, nutritional, housing, etc.)
2	10.5	15	Data on other eligible populations (e.g., birth information, ages of parents, illegal aliens, # single parents)
0		16	Information about other programs/services in the community
3	15.8	17	Number of preschool-aged children
13	68.4	29	Other, misc, irrelevant, unclear

N=74 A-5. **Some Head Start directors get more useful information about community needs in informal ways, from staff, parents and their own experience with the community. Which do you think is more useful to you in planning Head Start program services? (Interviewer: Read each of the following and check the one the respondent thinks is more useful.)**

24 (32.4) **Statistical data obtained through other agencies or your own surveys, or**

47 (63.5) **Informal judgments of staff, parents and community members.**

3 (4.1) DK

N=74 A-6. Do you target your recruitment activities to any particular groups based on the community needs assessment results?

25 (33.8) No -- Skip to Question A-7.

48 (64.9) Yes -- A-6a. I'm going to read a list of groups that might be targeted. As I read each group, tell me whether or not it has been targeted because of the needs assessment. (Interviewer: Check as many as apply.)

1 (1.4) DK

N=48

32	(66.7)		Single-parent families
18	(37.5)		Particular ethnic groups
46	(95.8)		Lowest income families
43	(89.6)		Handicapped children
35	(72.9)		Families from particular geographic areas
41	(85.4)		Children of a particular age
39	(81.3)		Families with particular problems
39	(81.3)		child abuse
32	(66.7)		drug/alcohol abuse
35	(72.9)		serious medical problems
37	(77.1)		multi-problem family
	___		other family crisis specify: ______________________
4	(8.3)	11	Spouse abuse
1	(2.1)	12	Incarcerated parent
2	(4.2)	13	Foster children
7	(14.6)	14	Other family crises
4	(8.3)	29	Other groups

N=74 A-7. We are interested in knowing if you have used the results of your community needs assessment to make changes in your program? Would you say that:

22 (29.7) No changes have been necessary -- (Skip to Question A-8.) or

7 (9.5) The needs assessment indicated changes should be made, but we have not had an opportunity to make them yet -- (Skip to Question A-8) or

45 (60.8) Changes have been made based on the needs assessment.

N=45 **A-7a.** I'm going to read a list of possible areas that might have changed. As I read each, tell me whether or not you have made a program change because of the community needs assessment. (Interviewer: Check as many as are mentioned.)

19 (42.2) Established a new center

26 (57.8) Changed enrollment criteria

14 (31.1) Moved a center to a different location

19 (42.2) Added another program option
(which one? 10 HS, 2 DS, 1 Part Day, 3 Var. 2 local opt., 1 missing

8 (17.8) Dropped a program option
(which one? 5 HB, 2 Part Day, 1 Full Day)

26 (57.8) Added more slots

19 (42.2) Changed hours of operation

27 (60.0) Hired staff with different skills

20 (44.4) Changed educational approach

7 (15.6) Other (specify: Adult Education)

2 (4.4) Other (specify: Transportation)

16 (35.6) Other

A-8. Now we would like to ask about possible changes that may have occurred in your community over the past five years. As I read each item on the list of possible changes, tell me whether there has been an increase, a decrease, or no change in the area you're serving. (Interviewer: Check one column for each item.)

N		Increased	Decreased	No Change	DK
74	Total number of Head Start eligible families	55 (74.3)	5 (6.8)	14 (18.9)	0
73	Number of single-parent families	60 (82.2)	2 (2.7)	10 (13.7)	1 (1.4)
74	Number of preschool-aged children	44 (59.5)	8 (10.8)	19 (25.7)	3 (4.1)
74	Number of families in extreme poverty	53 (71.6)	7 (9.5)	14 (18.9)	0
74	Number of working mothers	55 (74.3)	3 (4.1)	13 (17.6)	3 (4.1)
73	Number of parents in job training programs	30 (41.1)	9 (12.3)	27 (37.0)	7 (9.6)
74	Number of handicapped children	38 (51.4)	6 (8.1)	30 (40.5)	0
	Number of families with particular problems:				
74	child abuse	64 (86.5)	2 (2.7)	8 (10.8)	0
74	drug/alcohol abuse	53 (71.6)	0	20 (27.0)	1 (1.4)
73	serious medical problems	31 (42.5)	3 (4.1)	35 (47.9)	4 (5.5)
74	multi-problem families	53 (71.6)	4 (5.4)	16 (21.6)	1 (1.4)
	Proportion of families in the following ethnic groups:				
74	Black	19 (25.7)	7 (9.5)	47 (63.5)	1 (1.4)
74	White	19 (25.7)	9 (12.2)	44 (59.5)	2 (2.7)
74	Hispanic	31 (41.9)	4 (5.4)	38 (51.4)	1 (1.4
73	American Indian or Alaskan Native	3 (4.1)	1 (1.4)	68 (91.9)	1 (1.4)
74	Asian	33 (44.6)	2 (2.7)	38 (51.4)	1 (1.4)
74	Number of children in foster care	39 (52.7)	3 (4.1)	29 (39.2)	3 (4.1)
74	Number of illegal aliens	17 (23.0)	3 (4.1)	42 (56.8)	12 (16.2)
74	Need for subsidized housing	64 (86.5)	1 (1.4)	9 (12.2)	0
26	Other (specify:_______________)	23 (88.5)	3 (11.5)	0	0
10	Unemployment rate	9 (90.0)	1 (10.0)	0	0
74	Change in geographic location of eligible families		30 Yes (40.5)	44 No (59.5)	

B. RECRUITMENT

B-1. I am going to read a list of recruitment activities conducted by Head Start programs. As I read each one, please indicate whether or not you have used it for your recruitment during the past 12 months. (Interviewer: Check as many as apply.)

B-2. Now I am going to re-read the list of activities you use. Please indicate the one activity you consider to be most effective and the one you consider least effective.

N=74	Used	Not Used	N=73 Most Effective (Check one)	N=73 Least Effective (Check one)
Door-to-door canvassing	55 (74.3)	19 (25.7)	15 (20.5)	4 (5.5)
Newspaper ads	60 (81.1)	14 (18.9)	2 (2.7)	23 (31.5)
Radio announcements	60 (81.1)	14 (18.9)	0 (0.0)	10 (13.7)
TV announcements	33 (45.2)	40 (54.8)	2 (2.7)	9 (12.3)
Posters or flyers	71 (96.0)	3 (4.1)	6 (8.2)	12 (16.4)
Contact with other agencies	71 (96.0)	3 (4.1)	8 (11.0)	7 (9.6)
Word of mouth	74 (100.0)	0 (0.0)	37 (50.7)	0 (0.0)
Others: Specify:	27 (36.5)	47 (63.5)	3 (4.1)	5 (6.8)
______________	___	___	___	DK 2 (2.7)
______________	___	___	___	___
______________	___	___	___	

B-3. In what month do you begin your annual recruitment activities?

Jan.- Mar. 32 (43.2) Jul.- Sep. 3 (4.1) Ongoing 5 (6.8)

Apr.- Jun. 34 (45.9) Oct.- Dec. 0 (0.0)

B-4. In what month do you complete your annual recruitment activities?

Jan. - Mar. 2 (2.7) Jul. - Sep. 28 (37.8) Ongoing 24 (32.4)

Apr. - Jun. 17 (23.0) Oct. - Dec. 3 (4.1)

B-5. Have you conducted additional recruitment activities at any other time during the year?

31 (41.9) No -- Skip to Question B-6.

43 (58.1) Yes -- What type of activity is that? ______________

____

____

What dates does this occur? ______________

N=74 B-6. Now I am going to read a list of people who may be involved in recruitment activities. After I read each one, tell me whether or not the people are actively involved in any of your recruitment activities.

68 (91.9) **Parents**

64 (86.5) **Teachers/Aides**

46 (62.2) **Home visitors**

62 (83.8) **Head Start Director**

68 (91.9) **Policy Council members**

71 (96.0) **Social Services Coordinator**

66 (89.2) **Parent Involvement Coordinator**

50 (67.6) **Family Service Worker** (social service aide, etc.)

25 (33.8) Any other coordinator(s) including assistant director

22 (29.3) Secretary or other administrative staff, cooks, bus drivers

8 (10.8) Grantee (staff)

12 (16.2) Staff from other agencies

18 (24.3) Other community contacts, e.g., mayor, public school teachers

13 (17.6) Other support staff, e.g., psychologist, nurse

14 (18.9) Other

C. REFERRALS

N=74 C-1. Are some of your enrolled children referred to you by other agencies?

1 (1.4) No -- Skip to Question C-2.

73 (98.7) Yes *C-1a. Approximately what percentage of your total enrollment comes through referrals?

Mean = 23.0 % Range = 1% = 98%

N=73 C-1b. Do referrals take priority over other families?

28 (38.4) No

45 (61.6) Yes

N=73 C-1c. I will read a list of types of agencies that might make referrals. As I read each one, tell me whether you get referrals from that type of agency or not. (Interviewer: Check as many as apply.)

38 (52.1) Day Care

67 (91.8) Welfare

69 (94.5) Health agencies

71 (97.3) Social services agencies

61 (83.6) School district

71 (97.3) Agencies serving handicapped

Other: Specify:

10 (13.7) Private doctors and other professionals, e.g., therapis

2 (2.7) Individuals (e.g., parents), except doctors and other professionals

18 (24.7) Other agencies, not specified

N=74 C-2. Do you refer families to other agencies for child care?

6 (8.1) No

68 (91.9) Yes

N=74 C-3. What does your program do to help families who need full-day child care? (Interviewer: Do not read responses. Check as many as are mentioned and probe for others.)

6 (8.1) *Provide some full-day care funded by Head Start*

51 (68.9) *Refer them to a day-care center instead of Head Start*

11 (14.9) *Provide transportation to a day-care center*

6 (8.1) *Operate a coordinated program with a local day-care organization*

Other: Specify:

2 (2.7) Operate subsidized child-care program

4 (5.4) Refer to home/family day care

1 (1.4) Organize a baby-sitting coop

4 (5.4) Attempt to find financial aid (e.g., welfare funds to pay a sitter)

2 (2.7) Follow-up to see if they got service

13 (17.6) Other

3 (4.1) Cannot help them

2 (2.7) Families don't need day care

D. ENROLLMENT

*D-1. The following criteria are used by Head Start programs for deciding which families are the most needy. Rank the criteria and the order in which the criteria are considered when enrolling children in your program. (Place a 1 in front of the most important criterion, 2 by the second most important, etc.; record NA if not a criterion for your selection process.)

% of Programs Ranking	No. Ranking	$\overline{X}$ Rank of those ranking	
100.0	74	1.9	Family income
87.8	65	3.0	AFDC recipient
100.0	74	2.8	Child handicapped
93.2	69	3.2	Child's age (If this is a factor, what age group has priority? ________)

No. (%)		No. (%)	
47 (68.1)	4 or Pre-K	2 (2.9)	3, 4 or 5
5 (7.2)	3 or 4	2 (2.9)	other
5 (7.2)	4 or 5	8 (11.6)	Missing

N=69

% of Programs Ranking	No. Ranking	$\overline{X}$ Rank of those ranking	
86.5	64	4.8	Family problems (If this is a factor, specify what family problems are considered priority ________)
70.3	52	4.8	Whether child has been in Head Start the previous year
52.7	39	6.6	Whether sibling has been in the program
			Other -- Write in any other criteria you use
5.4	4	5.8	Area of residence
13.5	10	6.7	Family/Parent factors (e.g., unemployed parent, training needs, family size, minority family)
14.9	11	7.1	Other child factors (e.g., foster child, health, language, school readiness
5.4	4	5.8	Referrals
4.1	3	8.0	Other

N=74 D-2. Do you have an enrollment or selection committee?

17 (23.0) No -- D-2a. I will read a list of people who may be involved in the selection process. As I read each one, tell me whether or not the person is responsible for helping to select the applicants who will be enrolled in the program. (Interviewer: Check as many as are involved.)

N=17

13 (76.5) **Head Start director**

6 (35.3) **Education coordinator**

5 (29.4) **Parent involvement coordinator**

12 (70.6) **Social services coordinator**

6 (35.3) **Teachers**

2 (11.8) **Home visitors**

5 (29.4) Policy council member(s)

1 (5.9) Other parent

____ Other staff
(specify which ones: ____________________

4 (23.5) Any other coordinators, assistant director
0 Other administrative staff, including secretary
0 Aides
5 (29.4) Other support staff, e.g., family services staff, psychologist
0 Representative from other agency
0 Grantee staff
1 (5.9) Other

57 (77.0) Yes -- Go to next page

(Refers to the committee that makes the final decision about which families will be in the program.)

57 (77.0)___ Yes -- D-2b. I will read a list of people who may be on the committee. As I read each one, tell me whether or not the person is on the selection committee for your program. (Interviewer: Check all that are involved.)

N=57

29 (50.9)___ **Head Start director**

20 (35.1)___ **Education coordinator**

26 (45.6)___ **Parent involvement coordinator**

46 (80.7)___ **Social services coordinator**

28 (49.1)___ **Teachers**

22 (38.6)___ **Home visitors**

50 (87.7)___ **Policy council member(s)**

39 (68.4)___ **Other parent**

___ **Other staff**
(specify which ones: ____________________

10 (17.5) Any other coordinators, assistant director

3 (5.3) Other administrative staff, including secretary

4 (7.0) Aides

10 (17.5) Other support staff, e.g., family services staff psychologist

1 (1.8) Representative from other agency

17 (29.8) Grantee staff

1 (1.8) Other

D-3. At any time during this past year (1985-86) did you have any difficulty in achieving full enrollment with income-eligible children?

64 (86.5) No -- Skip to Question D-3b.

10 (13.5) **Yes -- D-3a. What were the reasons for this difficulty? (Interviewer: Do not read responses. Check the reasons that are closest in meaning to the ones given by respondent and probe for others.)**

N=10

0 ___ *All eligible children in the service area were enrolled in the program.*

0 ___ *Other child-care programs have "used up" the pool of eligible children.*

1 (10.0) *A public school preschool program is enrolling large numbers of Head Start-eligible children.*

0 ___ *Our recruitment efforts have not been adequate for letting all eligible families know about our program.*

1 (10.0) *Parents decline to enroll child*
4 (40.0) Transportation Problems
1 (10.0) Not enough eligible children (reason not specified)
4 (40.0) Other

***D-3b. How many unfilled slots did you have on January 31, 1986?**

____

N=74, $\overline{X}$ = 2.47 Range = 0-51
50 programs reported zero

***D-3c. How many unfilled slots did you have on April 30, 1986?**

____

1 DK
N=73, $\overline{X}$ = 2.66
38 programs reported zero

D-4. Have you ever recruited families who then decline to enroll their children?

15 (20.3) No -- Skip to Question D-5.

58 (78.4) Yes -- D-4a. **What reasons have been given by the families for not enrolling their children? (Interviewer: Do not read responses. Check the reasons that are closest in meaning to the ones given by respondent and probe for others.)**

1 (1.4) DK

N=58

31 (53.4) *Family moved out of the area.*

20 (34.5) *Parent did not feel child was "ready" (mature enough) to enter a preschool program.*

17 (29.3) *Parent did not want to be separated from the child.*

5 (8.6) *Parent preferred a public school program.*

17 (29.3) *Parent decided she/he needed full-day care instead of Head Start.*

5 (8.6) *Parent was not happy with the program option provided.*

2 (3.4) *Too much parent involvement required*

____ *Other:* ________________________________

12 (20.7) Transportation problems

3 (5.2) Child severely handicapped

3 (5.2) Enrollment not completed (e.g., documentation missing)

3 (5.2) Parents not willing to do their part

5 (8.6) Parent decided on another program/school

1 (1.7) Parent discouraged by waiting list

16 (27.6) Other

*D-5. Approximately what percent of your enrolled children in 1985-86 were from over-income families?

$\bar{X}$ = 5.0 %

Range = 0-10

D-6. What criteria do you apply in accepting children from over-income families? (Interviewer: Do not read responses. Check all criteria mentioned and probe for others.)

63 (85.1) *Child has handicap or special needs*

7 (9.5) *Disability of other family member*

22 (29.7) *Family problems*

____ *Other: Specify:* ________________________________

2 (2.7) Referral

1 (1.4) Family could be asset to program

1 (1.4) Sibling had attended previously

2 (2.7) Only if all income-eligible children are being served

4 (5.4) Don't take over-income families

19 (25.7) Other

D-7. How many applications did you have to put on a waiting list last fall (1985) because you were fully enrolled?
N=74

Applications for ________ children $\overline{X} = 96.4$ Range = 5-1,082

D-8. How many children were on the waiting list as of April 30, 1986?
N=74

________ children $\overline{X} = 79.4$ Range = 1-400

D-9. When an additional slot opens up, how do you select which child on the waiting list will be enrolled? (Interviewer: Do not read responses. Check the one closest in meaning to the respondent's answer.)
N=74

3 (4.1) *Children are taken in the order in which they originally applied.*

41 (55.4) *Children are selected according to the same criteria that are used for selecting all children into the program.*

23 (31.1) *Children are selected according to the ranking of the selection committee, using different criteria.*

____ *Other:* ________________________________

1 (1.4) Same type of child

0 Preference given to referral

0 Depends on program need at the time

2 (2.7) Depends on the situation; no absolute criteria

4 (5.4) Other

D-10. We are interested in knowing how waiting list families differ from families who are enrolled in the program. I will read several possible ways in which waiting list families may differ from enrolled families. As I read each possible difference, tell me whether it is true for your program or not. (Interviewer: Check as many as are applicable.)

N=74

40 (54.1) Waiting list families generally have higher incomes (or are over-income).

40 (54.1) Waiting list families have fewer family problems.

38 (51.4) Waiting list families have younger children.

20 (27.0) Waiting list families have fewer children.
3 (4.1) Waiting list families less likely to have handicapped child
0 Waiting list families less likely to be employed
6 (8.1) Applied later because slow to complete documentation
2 (2.7) Applied later because moved in or heard of program later
14 (18.9) Registered late - no reason given
16 (21.6) Other

8 (10.8) There are no real differences between enrolled and waiting list families.
1 (1.4) Don't know

D-11. Have you had a waiting list in previous years (that is, prior to 1985-86)?

1 (1.4) No -- Skip to Question D-12.

73 (98.7) Yes -- D-11a. Over the last three years would you say the size of the waiting list has: (Interviewer: Read alternatives and check one.)

N=73

35 (47.9) Grown larger?

14 (19.2) Become smaller?

23 (31.5) Stayed about the same?

1 (1.4) Don't know.

D-12. Do you permit families to enroll a sibling of either a former or present Head Start child?

1 (1.4) No -- Skip to Question D-13.

73 (98.7) Yes -- D-12a. For how many years can a family continue to enroll its children?

N=73

5 (6.8) *Siblings can continue to enroll for up to 2-3 years.*

0 ___ *Siblings can continue to enroll for up to 4-5 years.*

67 (91.8) *There is no limit on the number of years that a family can continue to enroll its children.*

1 (1.4) Don't Know

D-13. If funding were not an issue and you had unlimited resources, we're interested in knowing what difference there would be in the types of families you would serve, in comparison to the types of families that are enrolled in the program now.

If you had the necessary resources, would you try to enroll different types of families?

27 (36.5) No

46 (62.2) Yes -- D-13a. How would they be different?

1 (1.4) DK

N=46

17 (37.0) *handicapped children*

5 (10.9) *more extreme level of poverty*

10 (21.7) *more family problems*

6 (13.0) *different ethnic groups*

___ *other:* ______________

33 (71.7) More above income families

1 (2.2) More families where parent is in school or training

20 (43.5) Other

D-14. If funding were not an issue and you had unlimited resources, what additional services would you provide? As I read each service, tell me whether you would provide it or not. (Interviewer: Check as many as mentioned.)

N=74

56 (75.7)___ **Transportation**

57 (77.0)___ **Health services**

54 (73.0)___ **Handicapped services**

57 (77.0)___ **Social services**

___ **Other (specify:________________________________)**

12 (16.2) Extended child care, day care, longer hours

1 (1.4) Larger, better, etc. facilities

30 (40.5) Programs for parents, including parent education, job training and placement services, meals

22 (29.7) Other

1 (1.4) None

E. ATTENDANCE AND DROPOUTS

***E-1. Does your average monthly attendance rate ever fall below 85 percent?**

46 (62.2) **No -- Skip to Question E-2.**

28 (37.8) **Yes -- E-1a. What action do you take when attendance drops below 85 percent? (Interviewer: Do not read responses. Check all mentioned by respondent and probe for others.)**

N=28

4 (14.3) ___ ***Overenroll***

7 (25.0) ___ ***Provide incentive to parents***

27 (96.4) ___ ***Investigate causes***

3 (10.7) ___ ***Make changes to accommodate children with attendance problems***

3 (10.7) ___ ***Other (specify:*** ______________________________)

E-1b. What do you think are the reasons for low attendance? (Interviewer: Do not read responses. Check all mentioned by respondent and probe for others.)

N=28

9 (32.1) ___ ***Parent illness***

23 (82.1) ___ ***Child illness***

9 (32.1) ___ ***Family problems***

18 (64.3) ___ ***Weather***

2 (7.1) ___ ***Child does not have adequate clothing***

3 (10.7) ___ ***Problems with program's transportation***

___ ***Other (specify:*** ______________________________)

6 (21.4) Non-cooperating parents

7 (25.0) Other

191

E-2. We would like to know something about the families whose children are absent a lot of the time. I'm going to read a list of family characteristics. As I read each one, tell me whether or not it is true for the families in your program whose children are absent a lot (more than 15% of the time). (Interviewer: Check as many as indicated by respondent.)

N=74

40 (54.1) Single-parent families

8 (10.8) Two-parent families

2 (2.7) Higher in family income

43 (58.1) Lower in family income

37 (50.0) Receiving AFDC

12 (16.2) Working parents

38 (51.4) Unemployed parents

12 (16.2) From one particular ethnic group

55 (74.3) Multiple-problem family

26 (35.1) Living further away from a center

2 (2.7) Don't know

5 (6.8) There are no real differences between families with high absenteeism and families whose children have good attendance.

E-3. If a child has a prolonged, unexcused absence, for how long will you continue to keep him or her on the rolls? (Interviewer: Do not read responses. Check one.)

N=74

29 (39.2) *No more than two weeks*

13 (17.6) *Between two and four weeks*

23 (31.1) *One month*

3 (4.1) *Between one and two months*

4 (5.4) *Will continue to keep the child enrolled indefinitely.*

1 (1.4) Don't know

1 (1.4) Not applicable

E-4. Does your program operate a home-based option?

51 (68.9) No -- Skip to Question E-5.

23 (31.1) Yes -- E-4A. How many missed home visits are allowed before a family would be dropped from the program? (Interviewer: Do not read responses. Check one.)

N=23

3 (13.0) ___ *Two consecutive visits*

15 (65.2) ___ *Three to four visits*

2 (8.7) ___ *Five to eight visits*

3 (13.0) ___ *Will continue to keep family enrolled indefinitely.*

E-5. Under what conditions would you initiate termination of a child from the program? (Interviewer: Do not read responses. Check one.)

N=74

59 (83.1) *Prolonged unexcused absence*

2 (2.8) *Parent refusal to participate in parent involvement activities*

14 (19.7) *Parent refusal to cooperate with other program requirements*

___ *Other (write in:___________________________________)*

4 (5.6) Only if family moves away

0 Parent did not complete documentation

6 (8.5) Other

Total other = 10 (14.1%)

3 (4.2) Would never terminate a child

E-6. There are lots of reasons why families drop out of Head Start programs. I'm going to read some reasons and I would like you to tell me which ones are true for your program. (Interviewer: Check all reasons given by respondents and probe for others.)
N=74

73 (98.7) Families moved out of the service area.

28 (37.8) Parents decided child was not mature enough for Head Start.

13 (17.5) Parents felt overburdened by the parent involvement requirements.

47 (63.5) Parents needed full-day care.

8 (10.8) Parents did not feel Head Start was enough like "school."

37 (50.0) Parents were unable to get the child to the program consistently.

13 (17.6) Parent was dissatisfied with the program option child was enrolled in.

____ Other:
- 3 (4.1) Transportation problems
- 1 (1.4) Parent would not "let go" of child
- 0 Too many family problems
- 1 (1.4) Parent can't "get it together"
- 7 (9.5) Other

E-6a. Which one of the reasons that you indicated do you think is the main reason for dropouts from your program? (Interviewer: circle check mark in E-6).
N=74

67 (90.5) Families moved out of the service area

1 (1.4) Parents decided child was not mature enough for Head Start.

0 Parents felt overburdened by the parent involvement requirements.

3 (4.1) Parents needed full-day care

1 (1.4) Parents did not feel Head Start was enough like "school"

1 (1.4) Parents were unable to get the child to the program consistently

0 Parent was dissatisfied with the program option child was enrolled in.

1 (1.4) Other:________________

- 0 Transportation problems
- 0 Parent would not "let go" of child
- 0 Too many family problems
- 1 (1.4) Parent can't "get it together"
- 0 Other

E-7. Do you think the reasons for dropping out have changed over the last three years?

62 (83.8) No -- Skip to Question E-8.

11 (14.9) Yes -- E-7a. As I read the following reasons, tell me which ones are more likely to be given now than they were three years ago.

1 (1.4) NA

N=11

8 (72.7) Families move out of the service area.

0 ___ Parents decide child is not mature enough for Head Start

2 (18.2) Parents feel overburdened by the parent involvement requirements.

8 (72.7) Parents need full-day care.

2 (18.2) Parents do not feel Head Start is enough like "school".

5 (45.5) Parents are unable to get the child to the program consistently.

0 ___ Parent was dissatisfied with the program option child was enrolled in.

3 (27.3) Other: ______________________________

0 Transportation problems

0 Parent would not "let go" of child

1 Too many family problems

0 Parent can't "get it together"

2 Other

E-8. We would like to know something about how families who drop out are different from ones who remain in the program. I'm going to read a list of family characteristics. Tell me which ones best describe the families who have dropped out of your program this year. (Interviewer: Check all that apply.)

N=74

33 (44.6) Single-parent families

14 (18.9) Two-parent families

7 (9.5) Higher in family income

38 (51.4) Lower in family income

31 (41.9) Receiving AFDC

17 (23.0) Working parents

41 (55.4) Unemployed parents

14 (18.9) From one particular ethnic group

43 (58.1) Multiple-problem family

26 (35.1) Living further away from a center

4 (5.4) Parents are younger

2 (2.7) There are no real differences between the families who have dropped out and those who have stayed in the program.

3 (4.1) Don't know

E-9. What change or changes do you think you could make in the program to help keep these families in the program? (Interviewer: Do not read responses. Check the ones mentioned by respondent and probe for others.)

N=40

5 (12.5) ***Modify program options available***
Specify: ______

3 (7.5) ***Change the educational approach***
Specify: ______

7 (17.5) ***Change hours of operation***
Specify: All 7 would lengthen day

1 (2.5) ***Change location of centers***
Specify: ______

20 (50.0) ***Provide more transportation***

8 (20.0) ***Provide more social services***

18 (45.0) ***Other:*** ______

34 ___ ***No change would make a difference.***

3 (7.5) Provide parent training

E-10. Why did your program decide to adopt ... (read ones circles)?

Percent Giving Each Reason

Reason	Program Option Adopted					
	Full Day N=16	Part Day N=33	Double Session N=9	Home-Based N=22	Variations N=30	Local Option N=5
Community needs	25.0	3.0	22.2	18.2	6.7	60.0
Parent/family needs	43.8	33.3	0	31.8	30.0	0
Child needs	12.5	6.1	0	0	3.3	20.0
Space/facility restrictions	0	3.0	22.2	9.1	6.7	0
Staff needs	0	0	0	4.6	33.3	0
Match school schedule	6.3	9.1	0	0	3.3	0
Transportation	12.5	6.1	0	13.6	0	0
To serve more children	0	9.1	44.4	4.6	6.7	0
To reach special population or area	6.3	0	0	45.5	0	20.0
Don't know	6.3	9.1	0	0	0	0
Other	6.3	3.0	22.2	4.6	13.3	40.0
DK	6.3	21.2	0	4.6	16.7	0
Missing	6.3	6.1	11.1	0	0	0

F. COMMUNITY INFORMATION

*F-1. Please estimate the percentage of Head Start-eligible children N=68 in your service delivery area who are enrolled in your program?

$\bar{X} = 42.3$ %

*F-2. What percent of Head Start-eligible children (who are not enrolled in your program) would you estimate to be enrolled in other child development programs (including day care centers, public school preschool program, family day care programs, etc.)? N=61

$\bar{X} = 19.9$ %

F-3. I'm going to read several statements that might describe the child care situation in your program's service area. Tell me which ones best describe the situation in your community. N=74

14 (18.9) Practically all eligible children are enrolled in a program.

69 (93.2) There is a need for more child care services in the area.

53 (71.6) Large numbers of eligible families are not being served.

63 (85.1) Many children are being cared for by relatives.

68 (91.9) There is not enough child care for the working poor.

34 (46.0) Head Start is the only program for AFDC parents.

63 (85.1) There are not enough child care services for teen-aged parents.

68 (91.9) There is not enough support from private industry for child care services.

69 (93.2) There is not enough infant care.

____ Other: ____________________

2 (2.7) Not enough full-day child care

3 (4.1) Not enough services for handicapped children

4 (5.4) Too much informal, unlicensed, etc., child care

1 (1.4) Not enough after-school care

14 (18.9) Other (list)

Total Other = 22
(29.7%)

E-11. What factors are considered when assigning children to different models? (Interviewer: Do not read responses. Check all that are mentioned and probe for others.)

N=31

19	(61.3)	Geographic proximity of family to program
8	(25.8)	Child's handicap
7	(22.6)	Whether child's mother is working or in training
10	(32.3)	Child's age
8	(25.8)	Family problems (specify:________________________)
____		Other: Specify:________________________________
6	(19.4)	Other parental needs
1	(3.2)	Community services available
1	3.2	Number of openings available
1	(3.2)	No choice offered

F. COMMUNITY INFORMATION

*F-1. Please estimate the percentage of Head Start-eligible children in your service delivery area who are enrolled in your program?

42.3 % N=68

*F-2. What percent of Head Start-eligible children (who are not enrolled in your program) would you estimate to be enrolled in other child development programs (including day care centers, public school preschool program, family day care programs, etc.)?

19.9 % N=63

F-3. I'm going to read several statements that might describe the child care situation in your program's service area. Tell me which ones best describe the situation in your community.

N=74

14 (18.9) Practically all eligible children are enrolled in a program.

69 (93.2) There is a need for more child care services in the area.

53 (71.6) Large numbers of eligible families are not being served.

63 (85.1) Many children are being cared for by relatives.

68 (91.9) There is not enough child care for the working poor.

34 (45.9) Head Start is the only program for AFDC parents.

63 (85.1) There are not enough child care services for teen-aged parents.

68 (91.9) There is not enough support from private industry for child care services.

69 (93.2) There is not enough infant care.

Other statements volunteered by respondents:

2 (2.7) Not enough full-day childcare

3 (4.1) Not enough services for handicapped children

4 (5.4) Too much informal, unlicensed childcare

1 (1.4) Not enough after-school care

14 (18.9) Other

APPENDIX B

IN-DEPTH STUDY CASE STUDY REPORTS

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INTRODUCTION

Nine case studies were conducted as part of the study of recruitment and enrollment in Head Start. In the fall of 1985, nine Head Start programs were selected to participate in an in-depth study of their recruitment and enrollment policies, practices and characteristics. Although the nine sites are not statistically representative of all Head Start programs, they were selected to provide a sample of the wide diversity of program circumstances and characteristics that exists among the 1,901 Head Start programs in this country. (Chapter II of the Final Report describes the procedures used to select the case study sites.)

The diversity of program settings is illustrated by the information in Table B-1. The in-depth study programs represent seven of the Head Start administrative regions and include both urban and rural settings. Some programs serve areas with high degrees of poverty. Programs A, E and G have target areas in which more than half the population earns $13,000 or less per year, whereas the areas served by Programs B and H have 75 percent or more of their residents earning above $13,000 per year. The percentage of the area population receiving public assistance ranges from a low of only 2.4 percent in the area served by Program I to 31.1 percent in the city served by Program A. Some of the areas served have high proportions of single-parent families (Programs A, B, H), and some have a relatively low proportion (Programs D, E, F, I). The racial/ethnic make-up of the communities also differs, with some being predominantly White (B, E, F, I), some having large proportions of Blacks (A, B, G, H) and some having relatively high proportions of Hispanics (C, D, I). With the exception of Programs E and F in-depth study programs tend to be in areas that are racially mixed. The size of the area served varies considerably. Programs A and C

TABLE B-1

CHARACTERISTICS OF AREAS SERVED BY IN-DEPTH STUDY PROGRAMS

	A	B	C	D	E	F	G	H	I
HHS Region	I	III	IX	IX	IV	V	IV	II	VI
Type of Area[1]	U	N	U/R	R	R	R	R	U	U
Income Distribution (%)									
$4,000 and under	18.5	6.8	7.1	6.8	17.3	7.8	13.2	7.9	5.1
$4,001 - 8,000	20.8	8.5	10.6	10.9	15.3	10.7	17.0	7.0	10.6
$8,001 - 11,000	9.3	6.1	11.6	9.4	10.5	9.9	13.2	5.3	15.8
$11,001 - 13,000	8.0	3.5	6.5	6.6	7.7	9.4	7.4	2.5	11.0
$13,001 and over	43.4	75.0	64.2	66.3	49.2	62.2	49.2	77.4	57.5
Racial/Ethnic Distribution (%) of Low-Income (<$11,000) Population									
White	34.4	53.3	42.7	40.8	88.8	89.6	35.7	39.1	62.5
Black	45.9	40.3	6.6	6.7	10.3	0.0	62.6	41.7	7.5
Hispanic	14.2	5.2	44.6	48.6	0.9	0.9	0.0	17.3	23.8
Asian	2.9	0.0	1.5	0.6	0.0	1.9	1.2	0.6	5.0
Native American	0.3	0.0	2.9	1.5	0.0	7.6	0.6	0.6	1.3
Other	2.4	1.3	1.7	1.8	0.0	0.0	0.0	0.6	0.0
Percent of Total Population Receiving Public Assistance	31.1	8.8	5.4	8.9	8.5	5.4	10.2	9.0	2.4
Percent Single-Parent Families Among Low-Income Population	69.3	57.1	32.4	25.4	27.1	23.6	36.0	56.4	30.0
Estimated Number of Income-Eligible Children[2]									
3-year-olds	2420	263	NA	37	NA	NA	NA	259	NA
4-year-olds	2680	258	2620	39	83	129	825	286	478
5-year-olds	NA	NA	2560	NA	NA	NA	672	NA	NA
Enrollment in Public School Program (4-year-olds)	1409	0	0	45	0	0	0	468	150

---

[1] U = Urban; N = Non-urban; R = Rural (based on 1985 PIR designation)

[2] Estimated only for primary age group(s) served by program; other ages are marked NA.

are in areas with more than 5,000 income-eligible children in the age range served by the program; other sites have fewer than 100 eligible children. At four sites there is a public school pre-kindergarten program that also serves children who are eligible for Head Start.

The nine programs themselves represent a wide range of characteristics and services, as seen in the data in Table B-2. Some are operated by community action agencies, some by public school systems and two by private, non-profit organizations. Some operate standard full-day programs, some part-day, some home-based, and some offer a mix of models. The programs range in size from 80 to 1,656 children, some serving primarily 4-year-olds and others serving a wider age range. There is also considerable variation among the programs studied in their attendance and dropout rates. Some are estimated to be serving a very high percentage of the eligible children in their service delivery area, others a small proportion. Some maintain sizable waiting lists and other have no waiting list at all. Within the context of this in-depth study of a small number of programs and communities, this variation makes it possible to examine a range of factors possibly affecting the operation of recruitment and enrollment practices in Head Start programs.

Each of the following case study reports begins with a description of the program and the community or communities in which the program operates. Any significant changes in the community over the past five years are noted. Also described are the program's efforts to assess the community needs for early childhood programs and services. The other childcare services that were available to families at the time of the site visit are also discussed. Details are then given on Head Start's recruitment efforts, the extent to which other agencies are involved, and the process for selecting families/children into the program. Information on atten-

TABLE B-2

PROGRAM CHARACTERISTICS OF IN-DEPTH STUDY PROGRAMS

	A[2]	B	C	D	E	F	G	H	I
Agency Type	CAA	Priv.	Priv.	School	School	CAA	CAA	CAA	School
Program Models Offered									
Full Day	●						●	●	
Part Day		●	●	●	●				●
Double Sessions			●	●				●	
Home-Based		●	●	●		●			●
Variations	●								
Locally Designed Option	●	●							
Ages Served	2-4	2-5	4-5	3-4	4	4	4-5	3-4	4-5
Funded Enrollment	607	444	774	120[3]	80	120	871	177	244
Average Actual Enrollment[1]	597	430	770	124	78	120	870	152	238
Average Daily Attendance Rate (%)[1]	74.4	80.2	85.1	88.5	80.2	97.3[4]	91.8	65.6	86.8
Average Monthly Dropout Rate (%)[1]	1.9	1.4	1.0	1.9	1.0	0.5	0.1	1.3	2.3
Size of Waiting List (Fall 1985)	127	72	226	44	18	32	78	0	0
Percent of Funded Enrollment	20.9	16.2	29.2	36.7	22.5	26.7	9.0	0.0	0.0
Estimated Percent of Eligible Children Served									
3-year-olds	36	59	NA	NA	NA	NA	NA	30	NA
4-year-olds	28	95	17	97	96	88	44	19	56
5-year-olds	NA	NA	10	NA	NA	NA	64	NA	NA

---

[1] From 12/85 to 4/86, except C, D and E, which are for 12/85 to 3/86.

[2] Data are based only on the four neighborhood programs operated by Program A that were included in the in-depth study. Total funded enrollment of this grantee is 1,656.

[3] Includes 45 funded by state preschool program.

[4] Percent of home visits completed.

dance and dropouts provides an indication of the extent to which the program is meeting the needs of its families. After reviewing the program's recruitment and enrollment policy, each case study concludes with observations from the perspective of case study project staff. In some cases, recommendations expressed by the people who were interviewed are included. In Chapter IV of the Final Report, a summary and analysis of these issues, synthesized from the nine in-depth study programs, is presented.

PROGRAM A CASE STUDY REPORT

INTRODUCTION

Program A is a large urban program serving 1,656 children in a major northeastern city. The grantee is a community action agency that administers Head Start through 36 local community programs. Because of the large and diverse area served by Program A and because most of the program functions are managed at the local community program level, it was decided to select four of these programs for in-depth study. The enrollment of these four programs constitutes about 36 percent of Program A's total enrollment.

This case study is structured differently from the other eight in that it consists of an introductory section that describes the overall community needs assessment process and some city-wide perceptions of other childcare agency representatives. This is followed by a case study report on each of the four sub-programs visited (labeled A1 - A4). Where there is additional information from the local perspective on the needs assessment, it is addressed in the individual case studies. This introduction also contains observations regarding the program as a whole, in addition to the brief observations found at the conclusion to the individual case studies.

The central grantee office staff for Program A is responsible for the triennial community needs assessment. The most recent complete needs assessment was completed in spring 1985. Because the grantee operates other programs in addition to Head Start, the purpose of the needs assessment is broad. To quote from the 1985 report:

> The purpose of this analysis will be to determine the magnitude of unmet needs for publicly subsidized child care in (city name) and to identify those areas of the city where (grantee name) resources might best be used to help alleviate that need.

The needs assessment uses data from a variety of state and municipal agencies, including the city's redevelopment authority, a council for children from a major low-income section of the city, the Governor's Advisory Council on Refugee Resettlement, the state Department of Social Services, the city's public schools, and a local childcare resource center. Compilations of data from these sources are used to identify the areas of the city where the greatest numbers of childcare users are likely to be found and to determine the extent of the supply of childcare services in these neighborhoods.

The most recent community needs assessment resulted in a number of important findings. For example, wide disparities were found in the extent of the potential childcare needs among the different neighborhoods -- seven of the city's fifteen neighborhoods were found to include 70 percent of the city's under-five population and 69 percent of all the mothers of young children. These included three of the four neighborhood programs visited for the case study, described herein as programs A1, A3 and A4. One-third of these families are headed by women; 29 percent of the female-headed families have children under the age of six; and nearly two-thirds of these are living below the poverty level. The need for childcare was also seen in the overall Program A statistic that 75 percent of the parents who withdrew their children from Head Start before the year ended did so because the program was not providing enough hours of care to meet their needs. One of the conclusions the grantee drew from this needs assessment was that

> The (grantee) Head Start program, as currently constituted, falls far short of meeting the needs of working parents. Only by extending significantly the hours of care that are offered by Head Start can these needs be more appropriately met.

In summary, Program A conducts a thorough community needs assessment every three years and uses the results to present the case for additional funds (from various agencies, not necessarily ACYF) for providing extended care and more effectively meeting the needs of working parents.

For this study 1980 census data on the number of low-income 3- and 4-year-olds in the city served by Program A were used to provide an estimate of the percentage of the eligible population that is actually served by Head Start. Based on these figures (see Chapter IV for explanation of the methodology), it is estimated that Program A enrolls 36 percent of the eligible 3-year-olds and 28 percent of the eligible 4-year-olds. The city in which Program A is located has a publicly funded pre-kindergarten program in the public schools which enrolls twice the number of 4-year-olds as are in Head Start. Taken together, Head Start and the public schools are serving approximately 81 percent of the eligible 4-year-olds.

There is considerable cooperation and coordination between Head Start and other community agencies at the local program level, as described in the individual case studies that follow. A local neighborhood house in one of the program neighborhoods refers children to Head Start, but primarily refers families who don't need full-day care or who are willing to make do with part-day care when the neighborhood house's daycare slots are filled. A major consideration for this program, however, is that state law requires that, to be eligible for this subsidized daycare, the parent must be working or in a training program. Of course, Head Start is available without this requirement.

The director of a city-wide daycare program pointed out that there are some referrals from her agency to Head Start and vice versa, but that Head Start is of no value to people needing full-time childcare, unless a family can make multiple-service arrangements. She felt that Head Start does not meet the childcare needs of families -- it provides a developmental preschool program, "a nursery school for the poor that is wonderful if you don't need to work."

The grantee outlines the recruitment and enrollment policies to be followed by each of the programs it administers, while encouraging individual programs to set recruitment activities and selection priorities according to the needs of the families it serves. The grantee also provides standard application and administrative forms as well as forms for keeping track of services and for documenting health and dental examinations, the family's needs and so on.

The grantee, known by the programs it administers as "Head Start Central," charges its Family Services Specialist with a number of responsibilities in relation to recruitment. These include analyzing citywide enrollment allocations on a program-by-program basis in order to determine how successful programs have been in maintaining full enrollment throughout the program year. Income eligibility, percent handicapped enrollment, and turnover are also analyzed. The central office's Family Services Specialist then interviews local program staff to determine what needs to be done to maintain a full and stable enrollment reflective of community needs. Based on these interviews and other information, recommendations are made to each Head Start director for changes in budget, use of space, program planning, and policy to address the problems and needs of their programs.

In March, Head Start Central distributes policy information related to recruitment and enrollment and begins developing city-wide media materials including newspaper ads, radio and TV spots, and leaflets, posters, flyers, and ads to be used by local program staff. In April, recruitment materials and suggested outreach activities are distributed to local programs for use in their recruitment campaigns. Optional strategies carried out by the central office, if resources are available, include mail, telephone and personal-contact campaigns directed toward agencies serving low-income families to solicit support in identifying potential Head Start families. Technical assistance to local program staff and monitoring of their recruitment activities are also provided by the grantee Family Services Specialist.

A second optional strategy is pre-enrollment outreach by the central office in spring, fall, and winter. The office sends to well-baby clinics and parents on the city's birth list a brochure containing information on child development and growth processes, family and infant nutrition, health, and access to social services. These brochures are distributed as a public service, but include information about Head Start, encouraging parents to participate when the child becomes old enough.

Head Start Central provides local programs with guidelines for setting recruitment priorities and lists the characteristics to be considered by programs in setting priorities. The 1985 guidelines read as follows:

- AFDC Recipients
- "Working Poor"

  (Needy families who are over-income for Head Start.)
- Linguistic Minorities
- Political Refugees
- Referral from other agencies:

  Department of Public Health (Early intervention)
  Department of Social Services
  Department of Public Welfare
  Health Centers
  Parent Child Center
- Children with Special Needs:

  Diagnosed or Suspected physical and/or emotional
  challenges that affect development and education
- Families with Special Needs:

Substance abuse, domestic violence, physical/emotional issues, large families with several young children, adolescent parents, families, etc.

- Parents attending school or job training program
- Families who can make use of the alternative program designs we have available.

Family services staff at each program review annually the most up-to-date grantee policy guidelines regarding income, age, handicapped guidelines and other policies related to enrollment and recruitment prior to selection.

Guidelines are also provided for making decisions about children remaining in the program a second year and for the responsibilities of the selection committees, including how to assign children to classes. According to the April 1985 information, children to be carried over from the previous year should be either late enrollments or have documented child or family need.

New applicants are to be rated at a selection committee meeting in June, according to need for service priorities established at each local program. The ranking system is as follows:

80 - 100	Very High Priority
60 - 80	High Priority
40 - 60	Medium
20 - 40	Low
0 - 20	Not Accept

After all cases have been presented to the committee, the chairperson determines which cases will be accepted by averaging the scores. Available slots are given to those with highest scores (greatest need) and the remaining families go on the waiting list.

The April 1985 guidelines from the grantee regarding income eligibility discuss its policy about enrolling children from over-income families. The grantee allots a given number of over-income slots to each local program in order to ensure that city-wide 90 percent of the children and families are income eligible. The guidelines are as follows:

> Total Enrollment: With a citywide total funded enrollment of 2,018 children and families, we are allowed, as a program, 202 over-income slots. Throughout this program year, an analysis of the utilization of these slots has revealed that:
>
> 1. The income eligibility is more of an issue in particular communities
>
> 2. These slots remain under utilized, if needed, as we have fluctuated from a minimum of 77 over-income families to a maximum of 165.
>
> The growing "working poor" population and the declining services to these families have been of great concern to our Head Start program. In response, we will be instituting a "call in" system for programs who need to exceed their 10 percent in order to provide support to those families, MOST in need of service. As the Family Service Specialist, I am to be kept abreast of the number of over-income families in the program city-wide, on a weekly basis, and can therefore advise any program about the enrollment of an over-income family that would exceed that program's allotment. Please remember, that ACYF still requires that 90 percent of our children and families, or 1816, must be income eligible and therefore this new system is to be the exception and not the rule.

The 1985 grantee allotments of over-income slots for the programs included in this case study are as follows:

A 1 - 17

A 2 - 16

A 3 - 13

A 4 - 7

As will be seen in the case study descriptions of the four local programs visited, programs have adapted their recruitment and enrollment strategies to their own neighborhoods. They have also established different selection priorities according to their understanding of the needs of the families in their service delivery area. A number of program changes have also been instituted as the programs endeavored to best meet community needs.

Observations

Due to a city-wide concern for the "working poor," the grantee has adopted a plan which encourages programs to enroll needy over-income families. Some of the programs studied have enrolled a number of over-income families while income-eligible families with similar characteristics remain on the waiting list. Programs report that such families either registered late or did not complete their documentation requirements in time for selection in the spring. It is not central office policy to enroll over-income families if there are income-eligible families who have applied.

A comparison of the families enrolled in the program in fall 1985 with those on the waiting list provides some evidence of the extent to which the program is enrolling the more needy families. Taken together, the four programs included in the Program A case study seemed to enroll families that were somewhat more needy. This conclusion stems from the following comparisons:

- The median income of enrolled families was in the $5,000 - $5,999 range, compared with the $6,000 - $6,999 range for waiting list families; more than 80 percent of enrolled families had annual incomes of less than $8,000 per year.
- 79.3 percent of enrolled families were single-parent, compared with 76.2 percent of waiting list families.
- Enrolled families had slightly more children than waiting list families (2.4 children per family vs. 2.2 children, respectively).
- 75.4 percent of enrolled families were receiving public assistance compared with 68.7 percent of waiting list families.
- 81.6 percent of the enrolled mothers were unemployed, compared with 76.7 percent of waiting list mothers.
- Enrolled mothers were more likely to be high school graduates -- 53.6 percent compared with 41.5 percent of waiting list mothers.

Some of these differences are slight, and although the overall trend is for enrolled families to be more needy than waiting list families, there are families who have made application and are eligible and needy who have not been enrolled, while some over-income families are enrolled. Program A may need to consider ways of achieving more direct contact with target families during the annual recruitment period to identify the most needy families and to assist them in completing their application requirements. Often those most in need of Head Start services are those who do not respond to written notices and have difficulty initiating requests for assistance.

The presence of a publicly funded pre-kindergarten program in the city served by Program A may make it more difficult for the program to recruit families for Head Start. The fact that the two programs enroll 81 percent of the eligible children means that a higher proportion of 4-year-olds in this community are being served than is true for most Head Start communities. Nevertheless, Head Start is committed to serving the most needy, and the 19 percent unserved means that approximately 510 eligible children in this city are not receiving Head Start-type services.

A second general observation based on the four programs visited is that there may be a need for Program A to reevaluate the number of funded slots and the Head Start models offered at each program. Three of the programs studied (A1, A3 and A4) were in neighborhoods identified by the grantee's needs assessment as most in need of Head Start and childcare services. Two of these programs still offered alternate-day programs which were felt by many respondents to be less responsive to community needs than the standard full-day model. Further, Program A2 was in an area where there may be fewer families in need of Head Start; it had a small waiting list. Program staff members thought the availability of daycare programs in the neighborhood might be responsible for this. Perhaps its slots should be reduced and more slots given to the programs located in neighborhoods where there is a greater need for Head Start.

PROGRAM A1 CASE STUDY REPORT

The Program and the Community

A community action agency administers two Head Start Programs from its offices in this section of the city. Some parts of the building need refurbishing, but classrooms housed there along with the Head Start offices are attractive and well appointed. The building is surrounded by a protective chain-link fence and has security guards on duty. The surrounding neighborhood consists largely of apartment buildings, and the Head Start center is accessible by public transportation which runs by the center regularly.

The program had a new Director at the time of the site visit, and had been searching for a social services staff member for several months. The Family Services Supervisor's responsibilities had been increased because of the vacancy, and she appeared to be having difficulty meeting all that was required by this increased burden. Staff complained that the low salary for the position was the reason that filling it had been so difficult, and several times staff mentioned the limited salaries offered by the Head Start program. Although the site visit came at a difficult time, the staff was cooperative and reported being better informed about the program as a result of the visit. Some basic program facts are listed in Table 1.

Program A1 offers classes five days a week from 8:30 a.m. to 2:15 p.m. except for two Mondays each month on which there are no classes. This schedule provides time for staff professional training. There is no specified number of home visits, and the number made depends upon the needs of the family. The Family Services Supervisor estimated that families are visited two or three times a year unless they have special needs requiring more frequent visits. The program has a total funded enrollment of 173,

TABLE 1
PROGRAM A1 FACT SHEET

HHS Region	I
Area Served	Urban
Agency Type	CAA
Program Model(s) Offered	Std. Full Day (8:30 - 2:15)
Total Funded Enrollment (1985)	173
Average Actual Enrollment (12/85-4/86)	164
Number of Children on Waiting List (Fall 1985)	41
Percent Enrollment by Age (Fall 1985)	
2-year-olds	3.2
3-year-olds	47.7
4-year-olds	48.3
5-year-olds	0.6
Average Daily Attendance Rate (12/85-4/86)	68.0
Average Monthly Dropout Rate (12/85-4/86)	2.0
Percentage of Eligible Children Served	N/A
State- or City-Funded Pre-Kindergarten	Yes

and there were 29 staff members at the time of the site visit, including a Director, a Secretary, an Education Coordinator, a Family Services Supervisor, two Family Services Workers, 10 classroom teachers, and 10 classroom aides. There were two education staff members for each class of 15-18 children. Two classroom staff had CDA credentials while ten were in training for the credential. There were three new classroom staff members for the 1985-86 program year. Other staff included a maintenance person, two cooks, three security guards, one bus driver, and one bus monitor. A Nurse, Mental Health, Nutrition and Parent Involvement Coordinator, as well as a Family Services Assistant all were shared with other Head Start programs under the grantee.

The program was under-enrolled with 157 of a funded level of 173 children enrolled at the time of the site visit. (The average enrollment for the five-month period of data collection was 164.) The ethnic distribution of 83 percent Black, and 14 percent Hispanic was reported by staff to reflect the population of the mixed Black and Hispanic neighborhood served by the program.

Community Needs Assessment Process

Program A1 does not do its own community needs assessment since the grantee conducts an extensive annual community needs assessment of all sections of the city served by Head Start. The Family Services Supervisor reported using the community needs assessment in planning workshops for parents and in identifying groups to target for recruitment. She mentioned that Blacks and Hispanics are the main groups targeted for recruitment, but that there are also a number of Haitian and Cape Verdian families moving into the area. There has been an increase over the past five years in single parent families in the service area, including more single fathers. There has also been an increase in the number of preschool children and in the number of mothers at work or in training.

The Recruitment Process

The Family Services Supervisor, Director and Parent Coordinator provided information on recruitment and enrollment for the Head Start Center. The Director had limited input because he had been in his position for only one month.

Major recruitment efforts are carried out in April by the family services staff with some assistance from parents and special education staff. Parents whose children will be returning to the program a second year are contacted by telephone, mail, and home visits by the social services staff. Flyers are taken door to door by the social services staff members, who also mail flyers to other agencies that serve Head Start eligible families, especially those serving the handicapped. These mailings are followed-up with phone calls or visits from social services staff. Information tables are set up in the health centers, malls and supermarkets in order to give out Head Start flyers and answer questions about the program.

From May to September, the grantee places notices and ads in local newspapers and runs them on television and radio stations. The parent on the Policy Council felt that there were some eligible families who did not know about the program. She felt that going door-to-door and talking to families might help to reach them. In addition, the program should continue its current practices of using newspapers and other printed information about the program as well as networking by Head Start Families with their friends and neighbors, she said. The most effective recruitment strategies were said to be flyers and posters in stores, banks, welfare offices and the Department of Social Services (DSS). Setting up information tables in the shopping malls was the least effective strategy, according to the Family Services Supervisor. Although not really a recruitment strategy, the Head Start Director and parent on the Policy Council felt that the word-of-mouth grapevine was probably the most effective means of recruitment. As parents told other parents about Head Start, they would come in to register their children for the program.

There is no systematic record keeping system on the recruitment activities for the center as to the dates, mailings, canvassing, and other activities. The records kept on enrolled families do not include how they are recruited for the program. The recruitment committee meets and discusses effectiveness of recruitment activities, however, so some evaluation of recruitment does occur.

Cooperation/Coordination With Other Agencies

The Family Services Supervisor indicated that approximately 20 percent of the enrollees in the center were referrals from other agencies, coming from the Department of Social Services (DSS), Department of Public Welfare (AFDC), Parent Child Center (PCC), a University Community Health Center, local health centers, local hospitals, mental health agencies, public schools and protective services. DSS is guaranteed 12 of the 173 slots at the center.

The Head Start program has good rapport with the agencies in the city. The agencies refer families to Head Start, and Head Start refers families to them. The agencies call the program and send or bring parents to the center to register for enrollment. The type of referrals that take priority are special needs children referred by doctors, and children moving into the area from another Head Start center. The referrals made to other agencies are usually over-income families and families who cannot wait to work their way through the waiting list. They are usually referred to Title XX, the public school or to proprietary childcare centers.

Enrollment

A selection committee consisting of the Family Services Staff, the Education Supervisor, Nurse, Mental Health Specialist, and sometimes parents if they are available, meets and reviews the sheets prepared on each family by the family services staff. The staff describes the family needs documented during the application process, and the committee rates each family according to need using the ranking system outlined by the grantee. The program defines the "most needy" as families who are within the income guidelines and who are in stressful family situations where there is a reason for concern about the child's growth and development. Such situations include cases of child abuse and neglect as well as children with special health and nutrition needs. Some consideration is also given to whether the child had a sibling in Head Start. (10 percent of the children enrolled in December 1985 had a sibling who had been in Head Start.)

Once applications have been received and rated and families have been selected into the program, acceptance letters are sent out and parent orientation meetings are held. The family services staff has responsibility for the actual enrollment process with help from the teacher supervisor in assigning children to classrooms.

Enrolled children as of December 1985 were about equally divided between 3- and 4-year-olds, and about three-fourths of them were from single-parent families, 70 percent of whom were on AFDC. Eleven families were reported to have problems, but none of the enrolled children were identified as handicapped. Five families were over-income for Head Start, well below the 17 over-income slots allotted to the program under grantee policy.

Waiting list families were somewhat less needy than enrolled families. Their children were younger, with 16 2-year-olds and 14 3-year-olds on the list. There were five over-income families on the waiting list, while 80 percent of the waiting list families were single-parent families, and 46 percent were on AFDC. It appears that the program was successful in enrolling the more needy families among its applicants, although the program has had some difficulty in meeting its full enrollment level this year. Staff members saw two factors contributing to this problem: (1) families with youngsters moving out of the area and (2) the public schools' pre-kindergarten program. They said that if parents can get their youngsters in the pre-kindergarten program they feel they will be getting them ready for school, and thus some prefer this program over Head Start. However, since Program A1 had a waiting list of 41 families, only 5 of whom were over-income, these factors do not explain why the program was not fully enrolled in December of 1985 and remained under-enrolled through the five-month period studied.

When asked what the impact on the program would be if its enrollment were to include a larger portion of the "most needy," the Family Services Supervisor felt that this might cause staff burnout because of insufficient staff to handle so many families with a lot of needs. There would have to be an increase in key people in the family services and mental health staff. The program would also need to make more referrals. It is estimated that approximately 30 percent of those enrolled presently in the center are considered "most needy." The Director of the center felt that if there were an increase of the "most needy" in the program, there would be an increase in operating costs.

The Family Services Supervisor said there are various reasons why families who are recruited decline to enroll their children. The primary reasons are that families find another program or school, need full-day child-care service, or parents take jobs and thus exceed the income guidelines.

Attendance and Attrition

Written attendance records are kept in each classroom by the teacher and in the office of the center by the secretary. The items maintained on the records are total enrollment, total daily attendance, and total number of children absent four or more consecutive days. When a child is absent more than four days a follow-up is conducted to see if there are extenuating circumstances warranting an excused absence, such as death in the family, family problems, fire, hospitalization. Such circumstances are considered acceptable reasons for prolonged absences, but excused absences are not counted as present. Families are "carried" for a month or more if there are these extenuating circumstances.

Prolonged absences require the staff to contact the family to find out why the youngster is absent and if the family is in need of services from the program or from other community resources. Contacts are made by phone, letter, or home visits. If there is no response by the parents to the staff's attempts to contact them, a letter is sent informing them that the slot occupied by their child will be filled by another youngster. This process requires about two to three weeks' time.

For the period December 1985 through April 1986, Program A1 had an average attendance rate of 68.0 percent. Staff felt that attendance was affected by the fact that in recent years more Head Start youngsters have been children of younger mothers and parents with multiple problems. A large number of youngsters come from single-parent families. These families are said not to take Head Start absences as seriously as they take absences from the public schools, and staff felt that it is more than likely that absenteeism is higher in Head Start than in the public schools' program. The children from families such as these who have attendance problems are not just dropped. The staff works with the family, giving them support in an attempt to meet the families' needs.

This program had 16 dropouts and 20 new enrollments this year and yet operated at 95 percent of its total enrollment through April. For over half of the dropouts, no reason was noted for leaving the program, while four families moved and three transferred to other Head Start programs.

Staff experience shows that there were three main reasons for families dropping out of the program: first, moving away from the area; second, needing a full-day childcare program; third, enrolling their children in the public schools' pre-kindergarten program. Another reason sometimes given was explained by the Family Services Supervisor: "Some parents just want their children at home." The staff attempts to make referrals for families moving or needing full daycare.

As slots open, the center enrolls new families with 4-year-olds up until the end of April. Three-year-old youngsters who will be returning to the program for a second year will be enrolled as late as May. The Family Services Supervisor said that if youngsters enter after this date, there is little benefit to them because they are in the program for such a short time.

At the time of the site visit, the continued under-enrollment was explained by the fact that the program was short one family services staff member, leaving inadequate staff time to assist waiting list families to complete their documentation requirements in preparation for enrollment.

Observations

Program A1 staff felt that public school pre-kindergarten and a shortage of low-income housing in the neighborhood, causing families to move elsewhere, were resulting in a decreased number of eligible families in the service delivery area, yet the program's waiting list was said to have remained about the same size over the past several years.

The 1985 waiting list consisted of 41 families, 36 of whom were income eligible. Many of them were said to have registered late and not completed the required birth, income, and immunization documentation requirements. The fact that the program remained under-enrolled throughout the year raises a question as to why waiting list families were not assisted in completing these requirements in preparation for enrollment. The low attendance rate (68 percent) might also be addressed with more attention from social services staff.

The program had a new director and was having difficulty filling a vacancy on the family services staff. This was attributed in part to Head Start's low salary scale as compared to salaries for similar positions elsewhere in the city.

It appeared that this program was undergoing some organizational difficulties due to key staff changes and needs, and that solving these would move the program into a more stable position. The program has a long history in the neighborhood and, judging from the length of the waiting list, continues to be needed by the community.

PROGRAM A2 CASE STUDY REPORT

The Program and the Community

Program A2 operates in a closely knit neighborhood community within a diverse greater metropolitan area. It operates four centers in one of the city's clearly defined urban communities. Three centers offer "standard" five-day programs from 9:00 a.m. to 1:00 p.m.; 5 out of 20 children stay an extra hour for individual services between 1:00 and 2:00 each day, so that each child gets an extra hour of service per week. One center has no classes on Monday and operates on an alternate-day schedule (Tuesday-Wednesday and Thursday-Friday) the other four days, from 9:00 a.m. to 1:00 p.m. Classes average about 20 children to every 2 adults. The program is required to conduct 3 home visits a year and these are done by either the family service workers or the educational staff, or a team from each, depending on the individual child's situation. Some families require more than three visits and are served accordingly. Some basic program facts are listed in Table 1.

The program is funded to serve 156 children through a community action agency that serves as a delegate to the Head Start grantee. Children between the ages of 2 years, 9 months and 5 years, who are otherwise eligible, are served by Program A2 Head Start.

The program is staffed by twenty full-time and seven part-time staff. Full-time staff includes:

1 Director and Social Services Coordinator
1 Secretary/Administrative Assistant
7 Classroom Teachers
7 Classroom Aides
4 Family Service Workers

TABLE 1
PROGRAM A2 FACT SHEET

HHS Region	I
Area Served	Urban
Agency Type	CAA
Program Model(s) Offered	Std. Full Day Variations
Total Funded Enrollment (1985)	156
Average Actual Enrollment (12/85-4/86)	155
Number of Children on Waiting List (Fall 1985)	6
Percent Enrollment by Age (Fall 1985)	
2-year-olds	1.9
3-year-olds	52.3
4-year-olds	43.2
5-year-olds	2.6
Average Daily Attendance Rate (12/85-4/86)	79.3
Average Monthly Dropout Rate (12/85-4/86)	0.8
Percentage of Eligible Children Served	N/A
State- or City-Funded Pre-Kindergarten	Yes

Part-time staff includes:

- 1 Bus Monitor
- 4 Custodians
- 2 Cooks

The Policy Council is composed of sixteen parents. Several other parents are alternates and have been elected to "stand in" for members who can not attend a meeting. Every family but one volunteered in some capacity during the current program year. The one family who hadn't yet volunteered was a newly arrived Vietnamese family.

Neighborhood residents are predominantly White and many are of Irish descent. Most Black families moved out in the early 1970's with city initiation of mandatory busing because they did not want their children bused to schools outside their neighborhood. Recently a few Asian families have moved into the area, and the program also has one family who just arrived from Poland. Overall, however, there is limited ethnic diversity.

The Head Start Director felt that there had been an exodus of families with school-aged children when busing was started, but in recent years there seemed to be an increase in families with preschool and school-aged children in the community. The parent representative felt that there were more single-parent families and that, of the single-parent families, many were younger mothers. All respondents agreed that there had been an increase in working mothers. The Head Start Director also noted that social services in the community had "dried up" and that more families were experiencing problems in maintaining adequate housing. Some families lived in substandard housing with no running water. Others had been evicted and had no shelters to go to. In the past year, child and/or spouse abuse had also been a problem for several families.

The Head Start program was experiencing competition from daycare providers and an increasing number of educational programs in the community.

Four daycare centers had opened, and state funding for daycare had increased. The public kindergarten was offering an extended day program for working mothers, and the public school pre-kindergarten program, a program for 4-year-olds, had been reinstated. There were also two parochial preschool programs in the neighborhood including a Montessori program sponsored by the Catholic church.

The increased demand for daycare for low-income families caused the Director to be concerned that in order to meet community needs the program would have to become a daycare provider. In the past, the program had provided daycare, and the Director felt it was expensive, with staff burnout a major problem. She also felt strongly that "institutions should not be primary care givers."

Head Start has several programmatic advantages over subsidized daycare in the city. Head Start parents do not have to work or attend training in order to receive services, while the subsidized daycare programs require mothers to either work or be in a training program. Head Start also provides social services, medical and dental care and nutritional services for the family which are not provided by other agencies. Also, Head Start's educational program offers families an alternative to daycare in that it attends to the developmental needs of preschool children and provides educational programs for parents as well.

Community Needs Assessment Process

The grantee conducts a city-wide community needs assessment which includes the areas of all delegate agencies. Six years ago, however, Program A2 did a door-to-door census in the community and used the results for discussion with the Policy Council and staff. In recent years, the Head Start Director continued to conduct annual discussions with the Policy

Council and staff to get their input on how the program was meeting community needs. The previous year, the discussions identified an attendance problem in the alternate-day program, which served mostly 5-year-olds, and was the only center to which children were bused. A decision was made to move the alternate-day program to a walk-in location in the neighborhood and to bus older children to a center with a standard five-day schedule. As a result, the alternate-day program attendance improved, and the standard center-based program maintained good attendance. The Head Start Director considered the program's approach -- discussing with parents and staff how the program could better meet community needs -- a more useful approach than formal needs assessment.

The Director felt that the program was well in touch with community needs. For one thing, the Director and most of the staff (except for a few teachers) live in the community and are members of community committees and task forces. For another, they keep in close contact with other community agencies through several strategies including inviting staff from the other agencies to Head Start staff meetings. The Director felt the program had all of the information needed for planning and coordinating services.

The Recruitment Process

Recruitment takes place in the spring, during the months of March through June. The focus of recruitment is on income-eligible, 3 and 4-year olds. The overall recruitment schedule is as follows:

March/April	Director discusses recruitment plan with Policy Council
April	Ad placed in community paper

April	Staff and parents distribute posters and flyers in community (stores, schools, other agencies)
April	Letters are sent to local health centers, social service agencies and pediatricians
April	Letters are sent to community churches requesting that Head Start openings be announced in church bulletins in an attempt to reach various ethnic populations such as Lithuanians
April	Letters and guidelines for recruitment of special needs children are sent to hospitals, clinics and early intervention programs.
May	Second ad placed in community paper
June	Door-to-door flyers are distributed to target neighborhoods
May/June	Screening Committee meets several times to select families

Parents and staff distribute posters and flyers to specified destinations which include local stores, laundromats, schools and other agencies. The Recruitment and Enrollment Committee divides up the list of locations and each member agrees to specific assignments. Parents, who are heavily involved in this aspect of recruitment, also embellish on the list and post announcements in any area where they see young children or where they believe young children are living. They also assist in the door-to-door distribution of flyers.

The Head Start Director felt that "word-of-mouth" and the program's reputation in the community were the most effective recruitment mechanisms. The Head Start program is well known in the community according to the Director and a parent on the Policy Council, evidenced by the fact that women who have had children enrolled, and their neighbors, usually tell the program at the time they become pregnant that they want to enroll their child when she/he is Head Start age.

The recruitment strategy viewed least effective was radio announcements which were sponsored by the grantee. The Head Start Director felt this was because people didn't remember a telephone number announced on the air, and the Head Start program was not listed under Head Start in the telephone directory. In general, the program was satisfied with its current approach to recruitment and intended to continue it.

Cooperation/Coordination With Other Agencies

Approximately ten percent of the program's total enrollment comes from referrals. The program maintains contacts with a long list of agencies which sometimes call Head Start to make referrals, but slots are not reserved specifically for referred families. Referrals are received from welfare and child protection, childcare agencies, a health center and other education programs. Sometimes indirect referrals are made through the courts. For example, in a custody battle the court might say, "It would look good if your child were enrolled in a program like Head Start." Head Start also makes referrals to other agencies, particularly for Title XX daycare, preschool enrichment programs and after-school programs.

Enrollment

Program A2 Head Start has three eligibility criteria: the family must meet Head Start income guidelines (except for ten percent over income), it must reside in the community, and the child must be between the ages of 2 years, 9 months and 5 years. The program follows the grantee's stated enrollment priorities for all delegates, as described in the introduction to the Program A Case Study.

Enrollment decisions are made by a screening committee composed of staff and parents including the Head Start Director, the Social Service workers from each center, the Child Field Supervisor (from the grantee) and three to four parents. All participants on the screening committee receive a packet of information that reiterates the grantee's enrollment priorities and defines age and eligibility criteria and the over-income policy. In addition, the packet describes the way to rank applicants according to the need for service. (See introduction.)

The committee chairperson averages the scores assigned to each case and determines which families are to be accepted. According to the guidelines, classroom assignments are to be based on placing children in groups that best meet their needs, including distributing ages and sexes of children in each classroom, considerations of language and ethnic backgrounds, and distribution of special needs children in classrooms. The final guideline reminds committee participants of the confidentiality of the information that is discussed in screening committee meetings.

During the application process, information on family needs is filled in on a detailed application form and a number is assigned to each family in order to ensure confidentiality during the selection process. The Selection Committee meets two or three times in one-half day sessions until all classes are filled. Families not selected are placed on a waiting list. Three-year-old children who were in the program the previous year (about half the enrollment) are selected first, then the most needy applicants are selected according to the following criteria:

- AFDC recipients
- Those whose income is lower than AFDC
- Working poor -- those slightly over income but in need of services
- Children with special needs

In terms of determining which families could benefit most from Head Start, the Director and the parent interviewed both felt that the families that had the most needs -- whether home problems, emotional problems or handicapping conditions -- would potentially benefit most and would be considered as priorities in selection. They both also noted that the Family Services Workers' evaluations of the families' needs done prior to selection weighed heavily in enrollment decisions. On the other hand, the Director felt it is sometimes difficult to determine who might benefit most. "Sometimes you can't determine whether a needy family would benefit most. The family with the most problems might be one where the child will have poor attendance, where the mother will not cooperate and the family will not be able to take full advantage of the program." In a closely knit community, knowledge of the family can help. "Sometimes we know the family, and we know a mother wants Head Start so she won't have to go to work. That mother and child may not benefit most from the program." (Note: to receive state-subsidized daycare in this state, this parent would have to be working or in training.)

If the program were to accept more "most needy" families, staff members felt they would need more staff specialists. At present, the program does not have the staff to provide counseling services and has to refer families to other community agencies. In addition to counselors, if enrolled families had greater needs, additional staff would be required to provide social and health services. The Director also felt that staff burnout would increase if there were more families with difficult problems: "One family with multiple problems can use up all of our resources."

While the program has no trouble filling its slots, according to the Head Start Director, there are usually some vacancies after the initial selection process in June. Children who are under-age or families who are over-income but without a demonstrated need for Head Start are also placed on the waiting list in June. The Head Start Director said that the only situation in which an over-income family would be enrolled at this time of year is if there were a critical family need, for example, if a large proportion of the family's income were going to medical bills. The remaining program slots are filled by a new wave of applications in September, with income eligible families enrolled first.

There were 17 to 20 children on the waiting list in September, but only six families remained on the waiting list by December as most program dropouts occur in the fall. The Head Start Director explained that the waiting list builds in size again in January and February, and those remaining on the waiting list are contacted first when applications for enrollment for the following program year are taken in the spring.

Enrolled children at the time of the site visit were all from White families with the exception of one Southeast Asian child. Two-thirds of the families were headed by single parents. Half of the enrolled families were receiving AFDC or other public assistance. Nearly 15 percent of the enrolled children were said to be handicapped, most having either speech impairments or serious emotional disturbances. Twenty-three percent of the enrolled families were identified as having problems, including drug and alcohol abuse, child abuse, severe health or psychological problems, or multiple problems. Ten percent were over income, and this number was on target with the number of over-income slots allotted the program by the grantee.

A comparison of enrolled children with children on the waiting list shows that the enrolled children were more needy. Of the six families remaining on the waiting list, two were over-income and two had not yet had their incomes verified. One waiting list parent was on AFDC. None of the waiting list families were judged as having problems, nor were any of the children handicapped.

The small waiting list at this program is reportedly of some concern to the Regional Office, which prefers that programs have at least 25 percent the size of their current enrollment -- in this case 30 families -- on the waiting list. However, the Head Start Director felt the current waiting list was adequate since the program has little turnover and since the list builds periodically throughout the year. Data collected for this study confirm the very low dropout rate (see below).

Judging from the small size of the waiting list, staff concern about competition from the public schools' pre-kindergarten and from daycare programs may be valid. In instances where families have declined enrollment in Head Start it has been because of a need for full daycare for their children, except for rare instances in which the parent feels the child is too young to attend the program.

Attendance and Attrition

The Director reported that the annual attendance rate across centers was 88 percent. The Director noted that attendance was high "in good weather" only and that the program had experienced difficulty, at times, in meeting the attendance standard. (For the period surveyed for this study -- December through April -- attendance averaged about 79.3 percent.) The Director hypothesized that children were probably sick more often because it was their first experience being exposed to childhood illnesses and, "As any kindergarten or first grade teacher knows, it takes time to build up the antibodies."

Attendance information from all centers is aggregated centrally each week. Family Services Workers follow up after a three-day absence. Children are not counted as present if they have an excused absence. The program has never dropped a family because of poor attendance but continues to work with families to improve attendance.

The main reasons given for dropping out of the program were moving from the area or being enrolled in another daycare program. One family found that arranging transportation between the public pre-kindergarten program and Head Start was too complicated to manage and so decided to remove the child from Head Start. There were only six dropouts (3.9 percent) during the five-month period surveyed and seven new enrollments during that time.

It takes approximately one week to fill a slot once a family drops out. "We ask all families on the waiting list to get their children immunized, but they sometimes don't," the Director said. Since a child cannot be enrolled until the immunizations are completed, one wonders if the program could assist the few families on the waiting list to complete this requirement in order to facilitate enrollment when a slot opens. The program has enrolled families as late as April, but the Director doesn't like to do it that late. She finds that two months is too short a time for a child to be in the program.

The Director thought that some families may drop out for program-related reasons, such as not agreeing with the Head Start philosophy. Overall, she felt the only way to decrease the number of dropouts would be to become a daycare provider. She strongly believed the program should not do that.

Observations

Although this program continues to be able to fill its slots and remain within Head Start guidelines for services to income-eligible families, its waiting list is relatively small -- usually less than 13 percent of its funded enrollment. The program was not having any difficulty maintaining its funded enrollment, however, because of its low attrition rate. If attaining full enrollment becomes more difficult in the future, the program may need to conduct more vigorous direct recruitment activities, having staff knock on doors and talk to families directly about Head Start and the services it offers. Distributing flyers door to door may not be direct enough to involve families who are psychologically isolated or who do not respond to written materials.

Daycare appears to be a major need of families in the community served by Program A2. Thus, in order to respond to these needs, Head Start might consider ways either to provide daycare to enrolled children after Head Start classes are over or to arrange for the children's transportation to daycare centers.

PROGRAM A3 CASE STUDY REPORT

The Program and Community

Program A3 is managed by a community action agency in an ethnically diverse section of the city where increasing numbers of Southeast Asian refugee families are moving into housing formerly occupied by low-income White or Black families. The program's offices are in a large store front in an old building with ample parking at the back. The neighborhood is a pleasant inner-city shopping district which has several ethnic restaurants, attractive fruit markets and a number of second-hand furniture stores nearby. There appears to be a great deal of vitality in the program and a welcoming atmosphere in the offices. A number of parents and children dropped in during the days of the site visit, including Spanish, Vietnamese, and Cambodian families. Two bilingual neighborhood workers, one Spanish-speaking and one Cambodian, were in the office during that time. There is a play area with lots of toys near the secretary's desk and center walls carry posters about everything from adult literacy classes to fuel assistance programs. The trolley goes right by the center, making it accessible by public transportation.

Some of the basic facts about the program are summarized in Table 1. The program serves 130 children, with 94 of them in five classrooms, five days a week, 8:30 a.m. to 1:30 p.m. The remaining 36 children are in an alternate day program -- some meeting Tuesdays and Wednesdays, others meeting Thursdays and Fridays. This locally designed option had been set up at the request of parents and is served by two staff members. The five-day program is a partial attempt to respond to parents' need for daycare and to a need for staff time for planning and home visits in the afternoon. The education staff make two home visits a year, while other staff members make

TABLE 1
PROGRAM A3 FACT SHEET

HHS Region	I
Area Served	Urban
Agency Type	CAA
Program Models Offered	Std. Full Day Locally Designed Option
Total Funded Enrollment (1985)	130
Average Actual Enrollment (12/85-4/86)	130
Number of Children on Waiting List (Fall 1985)	50
Percent Enrollment by Age (Fall 1985)	
2-year-olds	10.0
3-year-olds	50.0
4-year-olds	40.0
Average Daily Attendance Rate (12/85-4/86)	75.9
Average Monthly Dropout Rate (12/85-4/86)	2.8
Percentage of Eligible Children Served	N/A
State- or City-Funded Pre-Kindergarten	Yes

home visits at whatever level of intensity is needed. According to the Program Coordinator, there may be as many as 10 visits in a 2 or 3 month period if there is a family requiring a great deal of assistance at a given time.

Overall, the program enrollment is 30 percent White, 10 percent Black, 18 percent Hispanic and 42 percent Asian. In contrast to other areas of the city, this program has a high percentage of two-parent families, and this is true across most ethnic groups. Eighty-one percent of the Asian, 70 percent of the Hispanic, 63 percent of the White and 50 percent of the Black families were two-parent families. Ten percent of the enrolled children were 2-year-olds, 50 percent were 3-year-olds and 40 percent were four.

The program employs 23 full-time staff; three cooks and delivery persons are part-time. Seven staff members are Head Start parents. Two of the teachers have the Child Development Associate (CDA) credential and five have degrees in early childhood education. The program also has the services of five specialists in the areas of dental health, mental health, and special education, as well as a resource teacher. These specialists are provided by the grantee and since their services are shared among all the Head Start Programs in the city, they are available to this program only a portion of the time. The day of the site visit, there was a team meeting of the Family Services Supervisor, the Mental Health Specialist, and the Special Education Resource Teacher to discuss a number of families and children identified as requiring special attention. Among them were an emotionally "needy" child and a mother with an alcohol and hygiene problem.

Both in formal interviews and in talking informally with staff, concern was heard about the low teachers' salaries (minimum wage) and their effect on the program's ability to keep good classroom teachers and to attract qualified replacements for those who leave. The program has three new classroom staff members this year and was interviewing candidates to replace a teacher who was planning to leave in the near future.

As part of the site visit to the offices of this urban program, the Family Services Specialist, who also served as Program Coordinator, was interviewed. In addition, three specialists who serve on the Selection Committee participated in the part of the interview relating to selection. A parent on the Policy Council was also interviewed at a later time. During their interviews, respondents were asked about changes in the neighborhood which were seen to have affected the Head Start Program.

The most significant change in the neighborhood in the past few years has been an influx of Southeast Asian refugee families, mainly from Vietnam and Cambodia, as well as some Chinese families. This has necessitated a number of changes in the program, including adding parent workshops orienting the immigrants to American concepts, such as the role of play in early childhood development, American health care and nutrition programs, and the role of parents in these programs. Staff development workshops in Southeast Asian culture and the refugee experience were also given, and bilingual Cambodian and Laotian workers were added to family services staff.

The Family Services Specialist also reported having more two-parent families and more fathers involved with Head Start this year. She felt she was seeing more mothers either working or going to school. When asked about changes in levels of poverty, both she and the parent interviewed said that there is now a split in the eligible population between those suffering the effects of devastating poverty and those who are what she called the "working poor." The working poor are unable to get assistance but are having a difficult time making ends meet. As a result, they are reportedly angry and difficult to work with. Other important changes in the eligible population seen by the family services supervisor were tremendous overcrowding in apartments, due to a shortage of low-income housing, and a rise in alcoholism with a decrease in drug abuse.

The Program Coordinator also says that due to the housing shortage, there are more dropouts as families move from overcrowded, shared apartments to other parts of the city. The acute nature of many of the family problems has made the selection process a painful time for the staff, with 50 to 100 families placed on the waiting list each year.

Community Needs Assessment Process

The program sees community needs assessment as an ongoing process. Staff members report doing a complete needs assessment every two years, in addition to that provided by the grantee. They also feel they constantly keep tabs on community needs through talking with people in the stores, observing where people move in and out, and through communications with other agencies listed in their community resources file. By going through this file, which is constantly updated, talking with other community service agencies, such as alcohol programs, childcare services, employment agencies, and Massachusetts Rehabilitation Services, the program feels it is able to keep abreast of family problems, housing and childcare needs, and the employment situation in the neighborhood. The Program Coordinator reported that all staff are involved in assessing community needs in this way and that the selection committee discusses needs at great length when it meets.

In connection with a proposal for expansion monies to serve the influx of Indochinese refugee families a year and one-half ago, the program conducted what the Program Coordinator termed a "legalized" community needs assessment. As a result of that, she reported they learned the differences between the different groups -- Lao, Vietnamese, Cambodian -- and their mental health, nutrition, housing, and cultural adjustment needs. These latter included a need for parents to understand the child development process. The results of this community needs assessment were shared with other Head Start Programs throughout the city and, as was previously mentioned, were used for program planning and staff development activities. The program also identified neighborhoods to target for recruitment activities where there was a heavy concentration of Southeast Asian families.

Staff reported also working closely with daycare agencies, referring to them families unable to get into Head Start. The staff has also been coordinating with the voluntary agencies which resettle refugees and with hospitals that have handled their health care. These agencies' staff have provided bilingual workshops for refugee families on parenting, child abuse, and on how certain cultural practices such as coining (rubbing the skin hard with the edge of a coin as a treatment for illness, leaving marks on the skin) might be misunderstood by Americans.

Recruitment Process

Recruitment activities are the primary responsibility of the Program Coordinator and the Head Start Program Director, but all staff, parents, and the program secretary are involved in posting flyers and in word-of-mouth advertising. All low income groups are targeted for recruitment with special attention given to Southeast Asian refugee families. The parent interviewed felt the program represented the ethnic diversity of the neighborhoods it serves. She said, "Just by looking in the classrooms, you can see that they are all targeted equally." When asked if the program reached all eligible families, she said, "Yes, unless they are isolated in their homes and can't read."

The program's formal recruitment process begins in March and April with the posting of flyers in neighborhoods and low income housing projects. Walking the streets, talking with people about Head Start and having parents telling other parents about the program goes on all year, but is done in a more vigorous and concentrated way during March and April. Flyers are distributed door to door at this time as well. The Program Director felt that word of mouth about the program, passed on by parents to their friends and neighbors, was the most effective way of encouraging new families to apply for enrollment in Head Start.

In addition to the flyers and word-of-mouth campaign, the program places ads about Head Start in the local newspapers, including area ethnic publications. The grantee also sponsors radio/TV announcements on English and Spanish stations. All of these activities occur during the March/April recruitment drive.

Radio/TV was considered the least effective recruitment strategy because broadcast was limited to English and Spanish and because 50 percent of the parents had no television. Although families recruited in the spring don't enter the program until fall, home visits and some social services begin during the interim period, family needs assessments having been done during the application process.

Cooperation/Coordination With Other Agencies

The Program Coordinator estimated that at least 50 percent of the total program enrollment comes through referrals from other agencies, including child protective services, welfare programs, other childcare agencies, health and mental health programs, as well as the courts and legal aid. She felt that she did more phoning and outreach to these agencies than they did to her. She said, "If I didn't continue the relationship, they wouldn't pick up the phone." She said the program reserves slots for referrals from child protective services but that these are usually filled by June. She was unable to generalize about whether referrals took priority over families recruited directly since the decision would be based on individual family needs. Most children referred are Indochinese or Chinese, or they are children with special needs. The Head Start program staff refers about 30 children a year to Title XX day-care, licensed family daycare, or public school daycare programs usually between the months of June and September. Staff members also try to make linkages between Head Start families for babysitting, especially for childcare from 1:30 p.m., when their classes are over, until the parents get off work. Four such arrangements described during the site visit seem to be working very well, and one instance linking a very isolated Chinese family with a Spanish family resulted in a close bond being formed.

When asked whether other agencies providing childcare or preschool education were meeting the needs of the community, the parent said they were not. She had found examples where other programs did not have good discipline and where parents were unable to get involved because their hands were tied by the teachers' unions. She also said other programs had no social services. These factors affected Head Start by making parents want to keep their children in Head Start more than one year if they enrolled as 3-year-olds, she felt.

Enrollment

The grantee provides the program with a list of recruitment priorities including income, family problems, English not spoken in the home, and adolescent parents. The Head Start Program adds priorities according to neighborhood needs, giving some priority to referrals depending on individual family needs. Program priorities include ethnicity, family situation, handicaps, and working parents. During late April or early May, the Selection Committee reviews and acts on recommendations to carry over children from one program year to the next. Criteria for carrying children over are:

- late enrollment;
- documented need of child;
- documented need of family;

Children cannot spend more than two years in the program. In June when recruitment is finished, the Selection Committee, which includes all five specialists, the Family Services Workers, Nurse, and Family Services Specialist/Program Coordinator, sits in a formal meeting in which the person who did the family needs assessment during the recruitment process presents the case by number rather than name. The committee members fill out a form rating the need for service in accordance with the priorities established by the program. The numerical ranking system for rating each applicant on these priorities is that established by the grantee and discussed in the introduction to the Program A case study. After all cases have been presented, the chairperson determines which cases are to be accepted by averaging scores and assigning available slots to those with highest scores (greatest need). The remaining cases go on the waiting list.

This year the program sent out 135 waiting list letters, more families than are actually served by the program. Staff reported that they had about 50 names on the waiting list in November and that the program receives one or two calls a day from families wanting to be put on the list. Only 5 percent of the families became discouraged by the length of the waiting list and decided to drop off. The others were referred elsewhere by the program. According to the Program Coordinator, those parents who work or go to school are usually referred to daycare because the hours of the Head Start Program don't meet their needs. The staff expressed frustration over the amount of work they put into referring needy families, which they are unable to report to ACYF. Another frustration was that children needing special services, such as psychological evaluations, are sometimes carried over from the previous year by social services staff in order to meet those needs, even though the child is no longer Head Start age. The fact that the PIR provides an opportunity to report only on enrolled children was seen as shortchanging the staff's efforts.

The process of filling openings that occur during the year is very different from the initial selection of enrollees. The Family Services Workers, Resource Teacher, and Family Services Specialist meet and select a child according to the classroom situations. In deciding which waiting list child to enroll, they consider a number of variables related to the classroom distribution of children including age, sex, language or ethnic background, and distribution of special needs children. A waiting list child who would maintain the balance of such variables in the classroom is selected for enrollment.

Families who decline to enroll their children after being selected include those who are planning to move soon, those who prefer other programs due to transportation problems, and those who are assigned to the alternate day program but prefer a five-day program. The Program Coordinator said that all assigned to alternate day prefer the five-day program and many ask to go on the waiting list for that program even if they decide to participate in the alternate day program. Some families who are refused enrollment decline to go on the waiting list, preferring to be referred to the public schools' pre-kindergarten program.

Currently 19 of the 130 families enrolled have their second or third child in the program. Staff members reported that they continue to take children from the same family as long as they need the program, but no priority is given to such families. They are assessed by the Selection Committee along with all other applicants. If over-income families are enrolled, it is because of special needs in those families, such as having a handicapped child or family problems.

If they were to serve more of the most needy, both the staff and the parent interviewed felt that they would need a higher ratio of teachers to students in the classroom and would need to have more special services staff. They felt that centers would need more space and staff would require higher salaries and more training, as they are not currently equipped to work with severe special needs. In the parent's view, a lot of families would drop out. She said, "It's not healthy to have too many children of one type. If they all have severe problems, they can't learn from each other....I wouldn't want my kid in a program where all the kids were disturbed." She also thought staff burnout would be a problem. She said, "I burn out, and I have calm children. Imagine what it would be like dealing with a lot of emotionally disturbed...."

In assigning families to different models, staff looks first at the child's age, putting older children into the five-day program and younger children into the alternate day program, although needs of family and child are also considered. Classroom assignments, according to the grantee guidelines, consider the variables previously discussed for enrolling children to fill vacancies in the class -- distribution of children according to sex, age, ethnicity, special needs.

About 10 percent of the children are handicapped, with about a quarter of those having multiple handicaps. Hearing impairment is the most prevalent handicap. Of the 130 enrolled families, 38 have multiple problems, six have psychological problems, and three are dealing with problems of overcrowding, isolation, lack of heat, or poor health. Nearly 42 percent of the enrolled families are Southeast Asian refugees facing a number of problems as they deal with adjusting to the conditions of urban American poverty. Perhaps this accounts for the high numbers of multiple problem families in the program. Approximately one-third of the families were reported to be receiving some kind of welfare assistance. Twelve families (about 9 percent) were over-income. The grantee's policy allows up to 13 over-income slots for this program.

By the end of December 1985, only 16 families on the waiting list had completed their documentation and application procedures. They appeared to be slightly less needy than enrolled families, although two waiting list children were handicapped and one single-parent family member was blind. Over 37 percent of the waiting list parents were single, and half of the sixteen families were Southeast Asian. Five families were over-income for Head Start and four were on public assistance.

Attendance and Attrition

Attendance records are kept in the classroom and brought to the office each week. They record total enrollment, total daily attendance, total number of daily absences, number of children absent more than two consecutive days, and total number of excused absences with documentation of reasons. The average attendance rate for the period from December 1985 to April 1986 was 76 percent. Follow-up on absences is done after two days and follow-up is also documented on the attendance records. Both the classroom teacher and family services worker are responsible for maintaining attendance records. Because they follow-up so quickly on absences, they are usually able to deal with problems early, the Family Services Coordinator said. Often a lack of warm clothes causes absences during winter months. Children with high absentee rates are usually from families in which parents have motivation problems and therefore difficulty getting up in the morning to get their children to school. The Family Services Specialist also reported attendance problems where there is substance abuse in the family. When asked about the effect of poor attendance on the other children in the program, she said, "When they do 'circle time' in the morning, they talk about who's not there and are concerned, but the negative is for the absent child coming back who has missed part of an activity, such as apple picking."

The only situation reported in which the program would initiate dropping a child would be if the parents had enrolled him or her in another program as well as Head Start. The family services worker would deal with that within a week or two. The average time a slot is left open is less than a week. The Family Services Specialist said the program will continue to enroll children right up until the last week of school, but she reported there was a conflict between the social services staff and the teachers on this issue. The teachers would like to stop enrollment in April, while the social services staff feel children can benefit from the nutrition program and other social services even if they are only in the program for one week.

Major reasons for families dropping out cited by those interviewed included needing longer hours or hours more compatible with parents' work schedules or moving out of the neighborhood. Most of the families who move are working parents or Indochinese families moving from overcrowded apartments. Analysis of reasons for dropouts which occurred over the five months studied showed that moving from the area was the reason for over half of the drop outs. Two families dropped because they needed full-day care, two others because of transportation problems. Three dropouts were program initiated, one because of excessive absences. Two were special needs children who were placed in special education programs that could better meet their needs. Eighteen new enrollments over the period replaced these dropouts, enabling the program to maintain its funded enrollment.

The Program Coordinator mentioned children assigned to the two-day program whose parents want classes five days a week for their children. She said, "Our attendance would be better if we did not have 36 alternate-day children. It takes twice as long for them to adjust to the current program, two days in Head Start after five days at home. Some parents can't deal with all that crying and would rather keep them home. We now have five openings in one class, four in another in the alternate-day program. There are no openings in the other classrooms." The parent interviewed concurred with the view that most parents preferred a five-day-a-week program and felt Head Start should not try to pressure parents into enrolling in the two-day program. Most vacancies occur in September and October except for those in the alternate day program, she reported. She felt the best way to keep these families in the program would be to change the alternate-day program to a five-day program. However, she said the grantee would cut their budget if they were to do that.

Observations

The program appears to be working hard to identify and meet the needs of the community it serves. When an influx of Southeast Asian refugees occurred in its service area, the program sought help from refugee service agencies in training staff to identify and meet the needs of this population. It also hired bilingual social service workers and planned and carried out bilingual parent classes for Southeast Asian Parents.

About a third of the families currently enrolled were reported to have problems, resulting in a demand for special social services. At the same time the program reported being frustrated at what it perceived to be a need to continue providing services to needy children from last year who were no longer in the program. Staff would have more resources for meeting needs of enrolled children and families if such services were not continued after children leave the program.

Another concern was a feeling that the alternate day model no longer met community needs and should be replaced with additional five-days-per-week classes. A number of parents were reported to have declined enrollment in the alternate day program, preferring to wait for an available slot in the five-day program. It seems that the program could be more responsive to community needs if it were to drop the alternate day program in favor of an expanded five-day program.

In many ways the program is clearly serving needy families. In selecting children from the waiting list, however, one consideration is maintaining classroom balance. This policy has the potential for selecting less needy families when vacancies occur. There also appeared to be a sizeable number of families on the waiting list who had registered late and not completed application requirements, and thus could not be evaluated for selection according to family need.

Staff expressed concern over difficulty in recruiting and retaining classroom staff due to low salaries. There was a 33 percent turnover rate in classroom staff this past year, and the Program Director and other staff felt teachers' salaries should be increased in order to enable them to recruit and retain qualified classroom staff.

Although working hard to meet the needs of the children and families it serves, this Head Start program could be even more effective by changing its program to the standard five-day model in response to parental needs, ensuring that the salaries of classroom staff are competitive with those paid by other daycare and preschool programs in the city, and limiting its social services to enrolled children and their families. It also could develop procedures for having waiting list families complete their applications earlier. This will make it possible for the program to prioritize families for enrollment before vacancies become available.

PROGRAM A4 CASE STUDY REPORT

The Program and Community

Program A4 is located in a predominantly Black and Hispanic inner city neighborhood. A Catholic education center provides Head Start services for 148 preschool children through a standard full-day model operating in two sites. The full-day program operates from 8 a.m. to 2 p.m. five days a week, with home visits at least once a year. These are done early in the program year to develop an individualized educational program for each child with the help of the parent. As one of Program A's delegate agencies, it serves an urban area within predominantly Black sections of the city with a minority of Hispanic families. Ninety percent of the children enrolled in December of 1985 were Black, 9 percent were Hispanics. More than half (56 percent) were 3-year-olds; the remaining 44 percent were 4 years old. Slightly over one-third of the children were enrolled in Head Start for their second year. The majority of families served are single parents who receive some form of public assistance. The vast majority of these single parents are unemployed mothers with at least some high school education. According to program records, over half of the mothers are high school graduates and the majority are at least 25 years of age or older, with less than 1 percent being teenagers. Other program facts are listed in Table 1.

Most of the Head Start Program staff members are either current or former Head Start parents. Each classroom is staffed by a teacher and one aide. Class sizes are relatively small, averaging about fifteen children per classroom. Parents provide regular volunteer services in the classroom. The administrative staff is composed of the Program Director, an Education Coordinator (from the grantee), a Family Services Supervisor, and

TABLE 1
PROGRAM A4 FACT SHEET

HHS Region	I
Area Served	Urban
Agency Type	Private/Non-profit
Program Model(s) Offered	Std. Full Day
Total Funded Enrollment	148
Average Actual Enrollment (12/85-4/86)	148
Number of Children on Waiting List (Fall 1985)	30
Percent Enrollment by Age (Fall 1985)	
3-year olds	56.1
4-year olds	43.9
Average Daily Attendance Rate (12/85-4/86)	N/A
Average Monthly Dropout Rate (12/85-4/86)	N/A
Percentage of Eligible Children Served	N/A
State- or City-Funded Pre-Kindergarten	Yes

three Family Services Workers. Support staff includes two cooks, two custodians, and two bus drivers.

Although the Program Director saw little change in the number of preschool-aged children in the community, he noted the following major changes in the population served in this part of the city over the past five years:

- An increase in teenaged, single parents.
- A worsening economic situation for single parents in which the incidence of unemployment and welfare dependency has increased.
- A greater incidence of speech and language problems among Head Start children.
- A shortage of low income housing.
- An influx of Hispanics into the communities served.

Community Needs Assessment Process

Program A4 reports that it has used the results of the grantee's needs assessment for purposes of (a) establishing recruitment priorities, (b) targeting recruitment efforts, (c) coordinating with other agencies for referrals, and (d) developing program expansion plans. In the area of establishing recruitment priorities, the grantee's needs assessment data have been used to establish a ranking system for specific family profiles reflecting the degree of need for Head Start. For example, the highest need family profile is labeled "Type A" and represents a cluster composed of income-eligible single-parent families in which the mother is a high school dropout and is responsible for the care of a single child. The grantee's needs assessment data are also used to target recruitment efforts in areas where there are high concentrations of "Type A" families.

Recruitment Process

The following steps are used by this Head Start Program in its recruitment process:

- Family services staff go door-to-door particularly in neighborhood housing projects, handing out flyers and posting flyers in neighborhood restaurants.
- Newsletters are sent home with enrolled children to inform parents and their neighbors that Head Start is recruiting again for the following school year. The grantee also distributes a newsletter throughout the metropolitan area called "Round the City."
- Parents call the program office and applications are taken over the phone.
- Home visits are made by the family services staff to conduct a family needs assessment for parents whose applications have been taken over the phone or who filled out an application during the initial door-to-door canvassing campaign.
- The longstanding good reputation of the Head Start Program results in many parents initiating contact with the program. The program's reputation is apparently spread by many former Head Start parents who talk to their friends and neighbors about it.

While the reputation of the program may not actually be a strategy, it does apparently have a bearing on parents initiating contact with the program. As the priest who directs the program put it: "The main thing we do is answer the phone. We don't have to go looking for children that much. We get several calls a week all year round from parents looking for daycare...applications are taken over the phone...parents recruit their neighbors and people stop the bus to talk to the staff about the program...but we also do a door-to-door flyer campaign."

The Director felt that taking the initial application over the phone and then following up with a home visit to complete the application and conduct a family needs assessment was the best approach to recruitment activities. This process has proven to be the most effective strategy over the years since it allows the program staff to "reach out to them (prospective Head Start families) first," identifies those families most in need of Head Start (the Type A families), and encourages parent follow-through in terms of attending the parent orientation meeting before an enrollment decision is reached by both parties.

The Director felt that the Head Start Program had eliminated the less effective recruitment strategies based on years of experience trying various ways to recruit families. For example, requiring parents to come in to the Head Start Center to fill out an application had proven ineffective because parents frequently would not follow through from an initial phone contact. Consequently, program staff moved to taking initial applications over the phone, and made the follow-up contact the responsibility of Head Start staff. Similarly, doing the home visit to conduct the family needs assessment after an enrollment decision had been made proved to be problematic in that program staff would discover after the fact that an incorrect enrollment might have been made because of insufficient information about the family's needs. Once staff members realized the value of supporting an enrollment recommendation with family needs assessment data, they reversed their strategy. The family needs assessment data, in short, helped the program staff to make better decisions about a family's priority ranking when being considered for enrollment. The final result over the years, according to the Director, has been a reduction in "false positive" determinations when attempting to identify "Type A" families.

Cooperation/Coordination With Other Agencies

About one percent of the Head Start Program's total enrollment comes through referrals from other agencies, according to the Family Services Supervisor. Contact between Head Start and referral agencies is bidirectional. Program A4 receives referrals from the following agencies:

- Parent's and Children's Services
- Children's Services
- State Department of Social Services
- Parent-Child Centers
- Other Head Start Programs
- Children's Hospital
- Family Project of the Greater Metropolitan Area

The above agencies use resource directories such as the neighborhood Social Services Directory and the Directory of Child Care Facilities to identify appropriate referral agencies, including Program A4 Head Start. The Head Start program, likewise, uses these directories and maintains a policy of keeping 1 to 2 percent of the enrollment slots open in September to accommodate anticipated referrals. Aside from the one or two slots reserved for referrals, referrals do not receive priority status for enrollment unless the child is a transfer from another Head Start program. Otherwise, referrals are considered on the same basis as other applicants.

The Head Start Program will generally refer waiting list children, or children who do not meet its guidelines, to other childcare agencies. For example, children who are too old for Head Start are referred to local public schools, and children who are too young are referred to infant-toddler programs. Families primarily interested in daycare rather than preschool are referred to family daycare agencies. Enrolled families anticipating a move within the greater metropolitan area will be referred to a Head Start program in the area to which they will be moving.

Enrollment

Once income eligibility has been determined, Head Start concentrates on enrolling the most needy or "Type A" families. As stated earlier, these kinds of families are intended to be teenaged single parents who are unemployed, high school dropouts, and responsible for the care of a single child with special needs of some sort (e.g., medical, speech, hyperactivity, etc.). The Family Services Coordinator estimated that "Type A" families comprise at least 75 percent of the program's enrollment. Program records, however, show that although 75 percent of the parents are unemployed, only 3 percent are teenagers and 37 percent are high school dropouts. If more Type A families were to be enrolled, the Program Director felt that the effect on Head Start would be primarily to increase operating costs associated with the need to hire additional staff (e.g., handicap specialists).

Applications are reviewed by an enrollment committee. This committee does not consider an application until after the family needs assessment has been completed and the parent has attended an orientation meeting about the Head Start program. The enrollment committee is composed of the Head Start Program Director, the Education Coordinator, the Family Services Supervisor, the Family Services staff, the grantee Nurse and Mental Health Specialist, and Policy Council parents.

Program A4 does not have any difficulty filling its slots. In fact, as of December 31, 1985, there were 30 children on the waiting list. It is significant that only four of them were from families that were over-income, and many appeared to be from "Type A" families. Over half of the mothers were single parents and nearly one half had not graduated from high school. Twelve percent or 18 of the families enrolled at the time of the site visit in late November 1985 were from over-income families. This number far exceeded the 7 over-income slots allotted this program by the grantee, but the program justified enrolling them, claiming they met the definition of the most needy, being from "Type A" families. The Program Director felt there was a big problem with Head Start's lack of a sliding scale for considering families on the basis of income eligibility, and as the chairman of the Policy Council put it: "It wouldn't be fair to turn them away (over-income families). The income guidelines are deceiving. These families still can't pay for daycare." This concern with over-income families seems inconsistent with an enrollment policy that considers Type A families to be income-eligible.

A number of waiting list families drop off the list before a slot becomes available to them. This usually happens when families enroll their children in other childcare programs, either through referral by Head Start or through their own efforts. The size of the waiting list, however, has not changed much over the years, and the program has a substantial number of eligible families to draw from in filling vacancies. Apparently families are calling in throughout the program year to request admission. There may be the large number of income-eligible "Type A" families on the waiting list because they applied after the program was fully enrolled in the fall. The apparent availability of "Type A" families, however, suggests that program A4 could achieve full enrollment without enrolling over-income families.

Attendance and Attrition

The attendance rate at this program has reportedly been in the 85-90 percent range over the last few years. This could not be verified since actual attendance and dropout records were not available to the study for 1985-86. The term "excused absence" apparently is not used. As the Program Director phrased the issue, "We have no excused absences in terms of counting children present. If they're here, they're here. If not, they're absent. We don't need to fuss around with that."

Attendance records are maintained by the child's teacher and kept in the classroom with a copy being forwarded to the delegate agency office. Classroom attendance records document total enrollment, total daily attendance, and total number of daily absences. If a child is absent for three consecutive days, a Family Services Worker will call the parent or make a home visit to determine the reason for prolonged absence and to see if the program can resolve the problem so that the child can return to the classroom. Further data about attendance problems are then maintained in the Family Services records and include the following:

- Number of children absent for four or more consecutive days.
- Record of contact with the family of a child absent four consecutive days.
- Documentation of reasons for absence and follow-up action taken by the family services staff.

The program allows a two to three week period of prolonged absence before the matter is placed before the admissions committee to consider whether the family's enrollment should be terminated or whether extenuating circumstances exist that merit working further with the family to maintain it on the rolls. If the problem is one of long-term erratic attendance, the admissions committee may decide not to re-enroll an eligible child for a second year in the program. More typically, attendance problems involve erratic attendance rather than prolonged absence. Children who have problems with erratic attendance tend to be those who live within walking distance of the center and whose parents are unreliable about getting them up in the morning and escorting them to Head Start.

According to the Family Services Supervisor, the program has not initiated the termination of a child's enrollment in the last four years. Family Services Workers can usually work out a solution to an attendance problem within a couple of weeks, and attendance issues rarely go as far as the admissions committee.

The primary reasons families drop out of the program are (a) moving away and (b) needing an extended daycare facility. Family relocations are often related to housing problems, whereas extended daycare needs are typically related to changes in parents' employment status in which job training or taking a job requires daycare beyond 2 p.m. during the work week. There is no particular time of the year when attrition is highest. However, attrition is reportedly not much of a problem.

The program can not do much to influence the housing situation in the area, and program-related changes would not reduce the number of families who move for housing-related reasons. Family needs for extended daycare are minimal and consequently a change in the program to extended daycare would not be justified, according to the Family Services Supervisor.

Observations

As a delegate agency, Program A4 does not conduct its own community needs assessment, but uses the results of the needs assessment done by the grantee. The primary uses of the information are to define a family profile of those most in need of Head Start and to target recruitment to areas in which these high-priority families live. Program staff feel that the most effective recruitment strategies used by the program are a product of the staff's experience in recruiting the most-in-need families. Their experience has resulted in staff taking the initiative to follow-up phone inquiries with a home visit to obtain applications, making it easier for prospective parents to get applications completed. Program staff members conduct a family needs assessment and assist families to get necessary documentation prior to selection into the program. This recruitment process is said to generate a high number of completed applications which contain sufficient data about the family to enable the admissions committee to make a sound determination of family needs when making enrollment decisions.

Program A4 is fully enrolled and easily replaces families who drop out during the year. Therefore, families in the community it serves seem to find that Program A4 services do meet their needs. It appears, however, that Program A4 is not completely successful in enrolling those families who are most needy by the program's own definition. A majority of its waiting list consisted of income-eligible "Type A" families, yet 12 percent of its enrolled families were over-income. While the program's philosophy appears to be that it is unfair to turn away needy over-income families meeting its target "Type A" profile, a number of income-eligible families with a similar profile are going unserved.

Although these families may not have been recruited in time to be enrolled during the initial selection process, this raises a question about recruitment strategies. Program A4 relied heavily on families telephoning the program in response to flyers, mailings and other written materials sent out during the recruitment period. It is possible that more direct contact with needy families (e.g., doing door-to-door canvassing in target neighborhoods and talking with people about Head Start) would result in reaching more income-eligible families prior to the selection process.

PROGRAM B CASE STUDY REPORT

This large Head Start program is located in a small eastern state. It serves both urban and rural areas outside one of the state's largest cities, and has a total of 97 staff in its five centers. The central office, in addition to the Director, has an Education/Nutrition Coordinator, a Social Services/Parent Involvement Coordinator, a Health Coordinator and a Handicap/Mental Health Coordinator. Each center has its own center director, secretary and other support staff. There are 22 classroom teachers and 22 aides, 9 home visitors, 5 family service workers, 5 nurses and other support staff, including family service aides, a multi-component aide, cooks and custodians. All classrooms have at least one teacher who has either a college degree in early childhood education or a CDA credential. Average class size is 16 to 18 youngsters, and each home visitor has a minimum of nine families with whom she works. Some other basic facts about the program are shown in Table 1.

The program is funded to serve 444 youngsters. Over half of the children are 4 years of age, 33 percent are 3 and almost 14 percent are 2 years old. The bulk of the Head Start program is part-day, for approximately 362 children. There are 50 youngsters in the Home-Based Option and 32 in the Locally Designed Option (LDO). In the LDO, the youngsters are in the center two days a week and have one home visit each week. The part-day program operates from 9:00 a.m. to 1:00 p.m. Home-Based youngsters have a weekly two-hour visit and a monthly center experience.

The program is more than 50 percent Black, 33 percent White and nearly 15 percent Hispanic. Over 71 percent of the families served by the program are single-parent, and almost 57 percent of the enrolled families are receiving some form of public assistance. In over 72 percent of the

TABLE 1

PROGRAM B FACT SHEET

HHS Region	III
Area Served	Non-Urban
Agency Type	Private, Non-profit
Program Model(s) Offered	Std. Part Day Locally Designed Option Home-Based
Total Funded Enrollment (1985)	444
Average Actual Enrollment (12/85-4/86)	430
Number of Children on Waiting List (Fall 1985)	72
Percent Enrollment by Age (Fall 1985)	
2-year-olds	13.9
3-year-olds	33.2
4-year-olds	52.7
5-year-olds	0.2
Average Daily Attendance Rate (12/85-4/86)	80.2%
Average Monthly Dropout Rate (12/85-4/86)	1.4%
Percentage of Eligible Children Served	
3-year-olds	59
4-year-olds	95
State- or City-Funded Pre-Kindergarten	No

families served, the mother is not employed.

The Head Start headquarters are located right off a major highway and are accessible to the Head Start families in the population center of the area it serves in the city. It is housed in a former public school building, which may have to go back to the community for classroom use in the near future because the recent baby boom is expected to increase school enrollments again. The building also houses a daycare center, an after-school program operated by another agency, a health center, an elderly center that includes a hot meal program, and a human services program that provides food subsidies.

The other areas served by the Head Start program lie in the county, outside the city, but include a population of more than 300,000, according to the 1980 census. In this part of the state, with large manufacturing industries, the effects of the 1970's recession are still felt. Unemployment has been averaging around 8 percent in recent years. One of the major problems in the county is the lack of subsidized housing. A recent newspaper article described the plight of welfare families trying to live on $266 per month in an area where the average two-bedroom apartment costs $331 per month.

Table 2 shows some basic community demographics of low-income families with 3- to 5-year-old children in the area served by Program B (based on 1980 census data). The income distribution of the area served by Program B indicates that between 21 and 25 percent of the families are below the poverty level, although only 8.8 percent are actually receiving public assistance. The income distribution and the median income of enrolled families ($4,000 - $4,999) indicate that the program is enrolling families from the lowest levels of the area's income distribution, with almost half of the enrolled families earning $4,000 per year or less.

TABLE 2

PROGRAM AND COMMUNITY DEMOGRAPHICS

PROGRAM B

A. Income distribution of families with 3- to 5-year-old children

Income Level	Percent of Population	Percent of Program Enrollment
$4,000 and under	6.8	47.4
$4,001 - 8,000	8.5	31.0
$8,001 - 11,000	6.1	11.4
$11,001 - 13,000	3.5	4.1
$13,001 and over	75.0	6.0

B. Percent receiving public assistance:	8.8	56.9

C. Racial/ethnic distribution

Race/Ethnic Group		
White	53.3	33.2
Black	40.3	51.7
Hispanic	5.2	14.8
Asian	0.0	0.0
Native American	0.0	0.3
Other	1.3	0.0

D. Percent single-parent families:	57.1	71.5

E. Employment status of low-income population

1. Single-parent families

Percent employed:	44.3

2. Two-parent families

Percent both employed	18.2
Percent one employed	65.2
Percent neither employed	16.7

Section C of Table 2 compares the racial/ethnic distribution of children enrolled in the program with the distribution of 3- to 5-year-old children of low-income ($11,000 or less) families in the program's approximate service-delivery area, based on 1980 census data. Although the census data are several years old, and although the census area used for this analysis includes some areas outside of the program's immediate service delivery area, it appears that there may be some under-enrollment of eligible Hispanic and White families and over-enrollment of Black families. The percentage of single-parent families enrolled in the program (71.5) is greater than the percentage among low-income families with children aged 3-5 in the community served by Program B. About 56 percent of the community's low-income single parents are unemployed, and in 16.7 percent of two-parent families neither parent is working.

One noticeable change in the community during the last five years reported by those interviewed was that there are neighborhoods which formerly contained many Head Start-eligible children which now have none. Either the families have moved from the area or the children are grown up, and the people in the community are not having any more children. There also appears to be more unemployment in the area the program is serving, as well as more divorce in recent years. Housing has become a concern because apartment complexes are being converted to condos. This limits the availability of low-income housing.

It was reported by all of those interviewed that there is a slight increase in single-parent families, more working mothers, more child abuse, and in general, more people eligible for Head Start because of more extreme poverty. There are more handicapped youngsters available for enrollment, primarily those with special problems. There are also more teenaged parents. Some geographic locations are experiencing an increase in Spanish-speaking families. There is also a shifting of minorities in some communities -- mostly from the city to the suburbs. These changes have made it necessary for Head Start to add two more classes, Spanish-speaking aides, more handicapped aides, varied cultural menus and busing to centers from new geographic areas.

As was mentioned previously, the Head Start Central offices and classrooms which are housed in a former public school building may have to move because the facility may be taken back by the public schools for classroom use. There are several other Head Start centers in surrounding areas also housed in public school buildings. Head Start staff members are concerned because they do not know of any other facilities in these communities suitable for housing Head Start classes and administrative offices.

Community Needs Assessment Process

The program conducts a community needs assessment annually with a continuous update, as reported by the Program Director. It is carried out primarily by the Director with assistance from the Social Services/Parent Involvement Coordinator and the local Family Service Workers. It includes information from the census report, current area unemployment information and information from newspaper articles pertinent to the local communities.

The results of the community needs assessment are used for program planning, specifically for locating target areas, prioritizing recruitment areas, planning, transportation, placement of families with multiple needs, and for making referrals to other childcare programs. It is also used for the grant proposal to ACYF.

Recruitment Process

The recruitment process is primarily the responsibility of the Social Services/Parent Involvement Coordinator, with the help of the local Family Service Workers and volunteers. The volunteers are usually parents. The various recruitment strategies, the time of year they occur and where they occur are as follows:

Strategies Used	Time Period	Place
Review program files and look for siblings	Jan. - July	area-wide
Contract other agencies serving Head Start families	March - June	area-wide
Announcement to radio, newspapers, TVs	March - April	area-wide
Door-to-door flyers	March	primarily done in area served by Home-Based option
Church announcements	April & May	locally
Posters and flyers for stores	April - June	where centers are located
Section 8 (housing) sign-up areas	on-going	locally
Parent announcements (word of mouth)	March	area-wide
Call-ins and walk-ins	On-going	Head Start offices
Major recruitment effort	March-June	area-wide

As can be seen, the major thrust of recruitment activities occurs between March and June when various community outreach activities occur. Overall, the program appears to rely on indirect methods of recruiting through the media and distribution of flyers, posters and announcements.

The most effective strategy was felt to be word of mouth by parents of Head Start youngsters. Least effective were newspaper and TV ads -- news spots are usually on too late at night. The other childcare program staff and parents interviewed felt that, although the news media are the least effective, they could be more effective if there were more access and more frequent ads given during prime time on TV and radio.

Cooperation/Coordination With Other Agencies

The Head Start staff reported that between 5 and 15 percent of the program's total enrollment comes through referrals from other agencies. They receive referrals through other childcare agencies such as the Division of Social Services, AFDC, the public school district (youngsters not ready for kindergarten), mental health agencies, health agencies (by diagnosing professionals), Children's Protective Services, Parents Anonymous, foster child care and local social workers from the welfare office, Section 8 Housing, and the daycare programs that are housed in the same buildings as Head Start. Approximately 200 letters are sent to various agencies in the spring, notifying them of Head Start recruitment. The referral process is a two-way communication, with Head Start and the agencies contacting each other.

There is no set number of slots reserved for referrals. The program gives priority to referrals for up to 10 percent of its enrollment for handicapped youngsters, and some priority is given to referred families with special needs (multiple problems), about 10 percent as reported by the Social Services/Parent Involvement Coordinator. The referrals received are usually special needs families, handicapped youngsters, child abuse cases, protective services, and Spanish families. Head Start will also accept referrals for four and five year olds who are old enough for public school kindergarten if eligible and if there is a signed statement from a professional stating that the child needs to be placed in a preschool program.

A local health and social services agency which does health and dental screenings for low income families in the area refers families to Head Start, keeping Head Start applications in their offices for distribution. Since the program does a majority of the physicals and dental exams for the Head Start Program, it is aware of Head Start's priorities. It, therefore, refers low-income families with preschool-aged youngsters, especially special needs families or families with handicapped children. The Human Service Worker at the program saw a need for at least 100 more Head Start slots in the community, since there were no other programs providing early childhood education and services to low income families.

The other childcare agency in the area received over half its revenue from public funds, the rest from fees charged those not eligible for subsidized daycare. It was housed in two locations at the same facility as Head Start, and thus was able to meet the daycare needs of working Head Start parents. These parents were able to enroll their children in daycare in the afternoon after Head Start classes were over.

A needs assessment conducted by this program pointed out special needs in the area for infant care and sick childcare for working mothers. It also showed an increasing need for Head Start services. The program director felt that Head Start should increase its enrollment in order to serve more children and should provide classes year round.

Enrollment

Selection is done by the Social Services/Parent Involvement Coordinator after initial approval by the family service worker to ensure that all forms are completed. The SS/PI Coordinator is guided by the program's definition for "most needy," which is families with the lowest income and special needs. Families from these two groups are the first to be enrolled in the program. Handicapped youngsters, if not among the lowest in income, are the next priority group to be enrolled. The following summarizes the enrollment priorities:

1. Enrolled children returning for a second year (automatic)
2. Siblings of currently enrolled children (family must still be income eligible)
3. Children already on the income eligible waiting list (physical exam, income documentation, etc., must be up-to-date)
4. Newly recruited income eligible children living in target areas:
   First: Handicapped children (up to 10 percent)
   Second: Special needs families (up to 10 percent)
   Third: Remaining children
   (Within each group, lowest income accepted first)
5. Newly recruited income eligible children living in service areas, but not in target areas:
   First: Handicapped children (up to 10 percent)
   Second: Special needs families (up to 10 percent)
   Third: Remaining children
   (Within each group, lowest income accepted first)
6. Newly over-income children living in service areas:
   A. From families that are $1.00 to $2,000 over the income guidelines
      First: Siblings of currently enrolled children
         1. Handicapped children (up to 10 percent)
         2. Children from the over-income waiting list
         3. Special needs families (up to 10 percent)
      Second: Remaining children
         1. Handicapped children (up to 10 percent)
         2. Children from the over-income waiting list
         3. Special needs families (up to 10 percent)
         4. All other children
         (Within each group, lowest income accepted first)

   B. From families that are $2,001 to $4,000 over the income guidelines
      First: same as in A, above
      Second, same as in A, above

   C. Continue repeating with incomes $4,001 to $6,000 over the guidelines, then $6,001 to $8,000 over, etc.

   D. Total number of over-income can never be more than 10 percent of total enrollment.

The Social Services/Parent Involvement Coordinator says she tries to be objective during the selection process using the above guidelines and any information she can gain "if the family services worker knows something about the family." This raises a question about how much information is actually known about the family prior to selection. Yet the program's comprehensive service plan calls for the family services worker to complete income documentation, records of the child's physical, handicap, release of records, and the child's health record, emergency information form and transportation permission form prior to forwarding the completed application to the SS/PI Coordinator for selection.

Two master waiting lists are maintained, one for income-eligible families and one for over-income eligible families. Classroom assignments are made by the director at the center nearest to where the child lives. The children living in the area served by the home-based program may be enrolled in a center program if the parents provide transportation.

Enrolled families at this site appeared to be more needy than waiting list families. An analysis of the 72 waiting list families on whom records were available at the time of the site visit shows that the median income of waiting list families was $4,000 higher than that of enrolled families, and it is significant that only 8.6 percent of the enrolled families were over-income as compared to 62 percent of the waiting list families. Seventy-two percent of the enrolled families were headed by single-parents as compared to 46 percent of the waiting list families, and 57 percent of enrolled families were on public assistance, compared with 33 percent of those on the waiting list. There was little difference in age or ethnic distribution of enrolled and waiting list families.

Staff reports no problem in filling the program slots with income-eligible children and that enrolled over-income families usually have special needs or are handicapped. They report having a waiting list for all centers except for the Home-based Program. Staff members say that parents believe they are not getting as many hours of service in the Home-based Program and that more is required of them than would be of center-based parents. The home-based option is the only one offered to families in a certain geographic area unless they can transport their children to a center. If some parents are dissatisfied with the Home-based Program, the program might consider ways to provide parents in that area with an option more suited to their needs or set different criteria for assigning families to the Home-based Program.

This study estimates that about 59 percent of the eligible 3-year-olds and 95 percent of the eligible 4-year-olds are currently being served by Program B (see chapter IV -- Findings From the In-Depth Study). This contrasts with the perceptions of program staff, who believe the program is serving only 20 percent of the eligible population. Other service providers in the area also indicated a need for more Head Start services based on experience and on a local needs assessment.

Head Start staff thought that if the program were to enroll more of the "most needy," recruitment would be an increasing problem as such families are more difficult to find, identify and enroll. Staff members also said there would need to be more transportation services for youngsters and higher costs for Home-based staff travel as the program moved further out into the rural areas in an attempt to identify more low-income families with special needs.

The staff reported that, occasionally, eligible families are not enrolled for any one of the following reasons:

- There were no openings at the time of application
- There were more appropriate placements, especially for severely handicapped youngsters
- The family was not on the Head Start bus line and unable to work into a transportation pool with other parents
- Parents wanted a full-day program

Program staff members report that sometimes families decline to enroll their youngsters in Head Start because of some of these same reasons: they can't provide transportation for their child and the family is not on the Head Start bus line. Another reason given was that families in the area served by the home-based option prefer center-based but cannot transport their children and thus decline to enroll them. Occasionally, a family will be interested initially, but later lose interest or decide their child is too young. Parents may also go to work and opt for other childcare services that provide full daycare.

Attendance and Attrition

Attendance records are kept by classroom teachers and home visitors. The records are in each Head Start Center office and turned in to the Social Services/Parent Involvement Coordinator at the grantee office. Attendance sheets record the total daily attendance and absences, with documentation of reasons for excused absences. The criteria used for excused absence are as follows:

- Prolonged illness
- Hospitalization
- Eviction
- Transportation problems beyond parents' control

- Parent had a meeting or appointment or a change in job schedule which required them to keep the child home

- Fire

The program estimates that its attendance rate is 85 percent, although there are times when it goes below that figure, such as during the flu epidemic this year. The Social Services staff persons contact the family after three days of absences, either by phone, by mail or with a home visit to determine what the problem is. They try to find out if there is something that they can do to assist the family. Five missed visits are allowed in the Home-based Program, but there is no termination policy. If staff members are unable to contact a family after three missed visits, a warning is given. High absenteeism appears to occur in families with multiple problems, especially health problems.

If a family does not respond to inquiries about a child's absence after 5 consecutive absences, the child may be dropped from the program. A child will also be dropped if there is:

- Lack of an up-to-date physical as required by the state license;

- Youngster not toilet-trained and parents unwilling to work with the staff;

- Child with behavior problems, if parents refuse to allow or seek professional help;

- Parents made false statements on their application.

Attendance information is used for reporting to ACYF, for school-lunch program documentation, and for monthly reports and monitoring.

This study asked the program to report the number of absences it had for a selected week each month from December to April. The average attendance rate for that period was 80.2 for the center-based program, in spite of bad weather in January and February during the weeks sampled. The Home-based program had a 77 percent rate of completing scheduled home visits over the period. Of the visits not completed, 33.2 percent were cancelled by the family, 17.6 percent were made but the family was not at home, and for 49.1 percent either some other reason was given or no reason was provided for the missed visit. Since the program is concerned about the desirability of continuing the home-based option, more detailed records on the reasons for missed home visits would be useful for evaluating problems with the program.

Children are enrolled up until the end of April. This cut-off date gives new youngsters a minimum of 30 days in the program, and 2- and 3-year-olds can return the following year.

The program (both center-based and home-based) had a total of 30 dropouts (7.0 percent of the average total enrollment) and 29 new enrollments (6.8 percent) over the five months surveyed; 56.7 percent of those dropping out moved from the area. Thirty percent were dropped because of excessive absences and 6.7 percent had transportation problems. Such problems are more likely to occur in cold weather, according to the Social Services/Parent Involvement Coordinator, because the family car breaks down or it becomes harder for the parents to get out of rural areas to transport children. In only one case did a family drop out to place its child in public schools; another parent requested the drop for personal reasons that were not specified.

The program staff interviewed said that most families who drop out are either from the Home-based program or do not live on the Head Start busline. As was stated before, staff are concerned with the number of parents in Home-based who drop out because they say parents do not like the program. Clearly if there is a problem of this nature, the program should be evaluated to see if the problem lies with Head Start staff, parent understanding of the program, or with needs of families in the area which could be better met under another option.

Observations

Program B's coordination of services with local daycare agencies housed in the same facilities with Head Start illustrates a viable approach to meeting the needs of Head Start parents for full-day childcare. These kinds of arrangements are somewhat volatile, however, as the facilities may not continue to be available for Head Start use if the public schools need to use their buildings again.

The program had a number of concerns about the viability of continuing its home-based option. There have been attendance and dropout problems with that option, and some parents are declining to enroll their children in the home-based program. When options that were instituted to meet a variety of community needs no longer appear to do so, it is important to evaluate the reasons and to take steps to address the problems.

It may be instructive to examine both the recruitment strategies used by the program and the criteria considered when matching families with program options. The chief recruitment strategies used by the program involve distributing written materials and using the media. More direct approaches to recruitment, such as canvassing certain areas and talking to individual families, may help families understand the options available. Because transportation is a major expense in a large geographic area, geographic location of families has been a major consideration in deciding which program option a family will be enrolled in. Staff reported that some families decline or are refused enrollment or are unable to enroll in the particular program option they want because of transportation factors. Meeting these needs would, however, require a reallocation of program resources.

PROGRAM C CASE STUDY

The Program and Community

The Program C Head Start program is funded through a private, non-profit organization established seven years ago to run Head Start in five counties in a southwestern state. Twenty years ago, Head Start was funded through the community action program (CAP). However, when the CAP was defunded "due to local politics," community support for Head Start resulted in the delegate agency continuing the Head Start program. The program is funded to serve 774 children, 576 in center-based and 198 in home-based programs. These and other basic facts about the program are shown in Table 1.

The program received expansion grants in both 1983-84 and 1984-85. The grants provided an additional 90 slots bringing the total funded enrollment to 774. The expansion grants cover only direct service staff for the additional families and do not increase central support staff. The increased load has caused stress for the central office parent/social services specialists because of the additional support services they must provide with no increase in staffing.

Program C operates 19 centers, eleven of which have a combination home-based and variations in center attendance option. Center classes are in session four days per week for 4 1/2 hours per day (generally between 8:30 a.m. and 1:00 p.m.). One day each week (either Monday or Friday) classes are not held and the center is used for workshops, parent involvement or staff meetings. Because of a lack of space, two classrooms offer double sessions. Home Start provides each family with 33 home visits per year lasting 1 1/2 hours per visit. A minimum of eight "socializations" per year are also provided. Some home-based children also attend center

TABLE 1

PROGRAM C FACT SHEET

HHS Region	IX
Area Served	Urban and Rural
Agency Type	Private, Non-profit
Program Model(s) Offered	Std. Part Day Double session Home-Based
Total Funded Enrollment (Fall 1985)	774
Average Actual Enrollment (12/85 -3/86)	770
Number of Children on Waiting List (Fall 1985)	226
Percent Enrollment by Age (Fall 1985)	
3-year-olds	7.5
4-year-olds	58.3
5-year-olds	34.3
Average Daily Attendance Rate (12/85-3/86)	85.1
Average Monthly Dropout Rate (12/85-2/86)	1.0
Percentage of Eligible Children Served	
4-year-olds	17
5-year-olds	10
State- or City-Funded Pre-Kindergarten	No

classrooms once each month. Classrooms average 16 to 20 children for two classroom staff. Home visitors have a weekly home visit load of about 9 families.

Enrolled children are mainly Hispanic (78 percent), but also include White children (12 percent), Blacks (7 percent), Asian (1 percent) and Native Americans (3 percent). The majority of the children are served the year just prior to entering public school. Since the schools require children to be 5 years old by September 1, Head Start has a sizable number of children turn five after enrollment in its pre-kindergarten classes. The enrollment at the time of the visit consisted of 34.3 percent 5-year-olds, 58.3 percent 4-year-olds and 7.5 percent 3-year-olds. Approximately 37 percent of the Head Start families are single-parent families; 61 percent are two-parent families; about 1.5 percent of the children live with another relative; and less than 1 percent are in foster care.

The program employs 155 staff including 30 teachers and teacher aides, 20 home visitors, 20 cooks and bus drivers and various health, social services, special needs coordinators, education coordinators and central office support staff. Twenty-eight teachers, aides or home visitors have a CDA. Four have a four-year early childhood degree; two have a two-year early childhood degree. Twenty-two classrooms have a teacher with a CDA. Twelve classroom teachers were new to the program in 1985. Seven home visitors are new (6 due to a newly funded expansion grant). Five staff members are new to supervisory roles.

Program C serves a sprawling urban area as well as target communities between the city and the Mexican border, creating a service area covering a large geographic area with the farthest center located 166 miles from the main office. The region had experienced the loss of some major employers and cuts in health and social services. A major manufacturer, Leer Jet, closed its plant, and the copper industry had collapsed. As a result, there was an increase in the "temporarily poor." Federal funds that had provided services such as soup kitchens and shelters had decreased and the services cut back or eliminated. The State Department of Economic Security (DES) had raised the income level for eligibility for subsidized medical care and had raised rates for subsidized daycare. DES also required parents who were subsidized for daycare to work or be enrolled in a training program.

Table 2 shows some basic community demographics of the low-income families with 3- to 5-year-old children in the area served by Program C (based on 1980 census data). The income distribution of the community served by Program C indicates that there is a high proportion of low-income families in the service delivery area. The income distribution of enrolled families indicates the program is serving families from the middle to upper end of the low-income population.

Section C of Table 2 compares the racial/ethnic distribution of children enrolled in the program with the distribution of 3- to 5-year-old children of low-income ($11,000 or less) families in the program's approximate service-delivery area, based on 1980 census data. Although the census data are several years old, and although the census area used for this analysis includes some areas outside of the program's immediate service delivery area, it appears that Program C is enrolling a higher proportion of White families than exists in the low-income population of the area and is under-enrolling eligible Hispanic families. The percentage of single-parent families enrolled in the program (36.7) is only slightly higher than the percentage among low-income families with children aged 3-5 in the community served by Program C. A high percentage (44.4) of the single parents

TABLE 2

PROGRAM AND COMMUNITY DEMOGRAPHICS

PROGRAM C

A. Income distribution of families with 3- to 5-year-old children

Income Level	Percent of Population	Percent of Program Enrollment
$4,000 and under	7.1	4.1
$4,001 - 8,000	10.6	28.1
$8,001 - 11,000	11.6	16.9
$11,001 - 13,000	6.5	7.8
$13,001 and over	64.2	6.0

B. Percent receiving public assistance:	5.4	39.5

C. Racial/Ethnic Distribution

Race/Ethnic Group		
White	42.7	11.6
Black	6.6	6.8
Hispanic	44.6	78.1
Asian	1.5	0.9
Native American	2.9	2.7
Other	1.7	0.0

D. Percent single-parent families:	32.4	36.7

E. Employment status of low-income population

1. Single-parent families

Percent employed:	55.6

2. Two-parent families

Percent both employed	20.2
Percent one employed	70.0
Percent neither employed	9.7

in the community are unemployed and about 10 percent of the two-parent families have neither parent employed.

Staff members interviewed agreed that there had been an increase in single-parent families and teenaged single parents over the last five years. In many of the areas served there had been an increase in the number of preschool-aged children but in others there had been a decrease. Poverty and unemployment had increased in recent years. There had been a general increase in working mothers, although for Hispanic families the number had stayed more or less the same. Families in the area were experiencing more problems with obtaining adequate food, clothing and furniture. Medical services were more difficult to obtain. Child sexual abuse seemed a growing problem although some felt this could be due to increased awareness of the problem. The ethnic composition in the communities was relatively stable except for a small decrease in the number of Black families. For the most part, the same geographic areas had remained poor, while the poor families tended to move among them.

The demand for daycare had been steadily increasing. Both DES and the United Way subsidized daycare for working parents or those in training. Other daycare providers saw Head Start as the primary program for very low-income families in which at least one parent didn't work. Head Start was also seen as a program for working parents who had a handicapped preschooler, although there were a number of other agencies serving handicapped children of that age.

Community Needs Assessment Process

The program conducts its community needs assessment on a three-year cycle. In the first year a complete needs assessment is conducted. For the next two years, the needs assessment is updated. (The next full-scale assessment was scheduled for January 1986.) Two types of needs assessments are done -- demographic and social. For the demographic analysis, data are obtained from the census, the community development block grant agency, the school district, DES and other agencies that study the communities' need for services. For the social analysis, questionnaires are sent to community agencies, parents and staff.

The community needs assessment is conducted from January to April. The analysis considers such factors as ethnic group distributions; concentrations of poverty; availability of transportation, health, mental health, childcare, and employment and training services; unemployment; and levels of education. The Director has major responsibility for the needs assessment. Other central office staff help in compiling information. Teachers, home educators and component coordinators (e.g., special needs, education, social services, health) assist in the development of the questionnaires.

The community needs assessment is reviewed with the policy council and the board of directors and used for planning and setting goals, establishing recruitment priorities and developing plans for expansion. In the past, the needs assessment has provided the opportunity to work with other agencies to coordinate services, for example, providing services for the growing number of teenaged single parents. The latest needs assessment had resulted in the following goals being set by the Head Start Program:

1. Provide health services for families not eligible for Department of Economic Security (DES) subsidy.
2. Involve other community agencies in the development of child abuse support systems.
3. Conduct additional parent education to upgrade skills and assist in job hunting.
4. Increase community involvement in Head Start and develop a closer relationship with the local school district.

Head Start staff members felt that the demographic data available were suspect, out-of-date and not related to their information needs. For example, information was lacking on how many poor families have transportation and on which of the lowest income families are employed. Information was not broken out for low-income families with preschool children. In the rural areas there was no information available.

Overall, staff felt that the formal needs assessment process still required the "personal context" in order to be meaningfully interpreted. The needs assessment process was seen more as formalizing "what we already know in our heads and now can document."

Recruitment Process

On the basis of the community needs assessment, target areas (specific geographic locations) are identified or reconfirmed and program options (e.g. home-based versus center-based, bilingual) are determined. A Survey and Recruitment Plan is written or revised. Maps of the target area are marked. In January of the following year, staff and parents are trained in preparation for recruitment.

The specific recruitment activities conducted each month are as follows:

February	Staff and parents conduct door-to-door recruitment.
March	Center staff advertise by radio and T.V.
March	The Director distributes press releases.
March	The Parent/Social Services Coordinator contacts other agencies.

Head Start staff and parents conduct door-to-door recruitment in each target neighborhood. Teachers, aides, home educators, cooks, bus drivers and other staff from that neighborhood's center, wearing Head Start tee shirts and driving Head Start vans, blanket the neighborhood talking to parents and distributing information. If parents are interested, Head Start staff ask for confidential information to verify the family's income eligibility and also document child immunizations and physical exams. Each team spends two to three days canvassing the target neighborhood. Team members explain the program and answer questions. If no one is home they leave printed information. As applications come in to each center, the Parent/Social Services staff monitor them for completeness, including documentation of eligibility.

The Head Start staff and the parent on the Policy Council felt that door-to-door recruitment is the most successful strategy "across the board." As a result of this effort the staff "know where the families are, know who is most likely to participate and can start the enrollment process right away." The parent on the Policy Council felt that all of the recruitment strategies worked together to "make an impression for Head Start in the community," including word-of-mouth from people familiar with Head Start. Program C staff felt that the least successful strategy was T.V. and radio announcements. For the most part people that responded to T.V. and radio ads were over-income and tended to resent being told they were not eligible. "We pay your salaries," they sometimes said to Head Start staff when told their family didn't qualify.

The target populations for recruitment are young, single parents, Hispanic families, handicapped children, families with the lowest income, 4-year-olds for center-based and 3-year-olds for Home Start.

The home-based option was designed to be a feeder program for the centers. However, a recent regional office review raised questions about providing more than one year of service except for families that have "documented service needs." As a result, Program C staff reported shifting emphasis for home-based recruitment to high risk 3-year-olds who can attend for two years. The program felt that two years -- one in home-based (termed the "parent empowerment" model) and one in center-based (focusing on the child's developmental needs) -- were important for "lasting change" and had requested regional office consideration of a two-year policy for families other than those with severe needs.

In a letter to the regional office regarding the multiple year policy, the Director wrote:

> To look at only the need to serve the maximum number of children without also addressing the need to effect lasting change would be short sighted and potentially damaging to Head Start.

Until the regional office responded, the program was recruiting only high-risk 3-year-olds.

The Head Start Director felt that determining which children and families would benefit most was "tricky." Program staff members would not want to enroll a child if they felt they couldn't provide the appropriate level of services, for example to a severely handicapped child. However, the program would take the neediest first rather than a child that would "zip through." The Director and the Parent/Social Services Coordinator both cited research that influenced their analysis of who would benefit most. Research suggested that one year in the program resulted in the most gains and in subsequent years comparable gains were not made. Therefore, they targeted pre-kindergarten children for center-based sites to provide services that would prepare them for public school enrollment. For parents, however, staff felt that one year was not enough. "It takes 2 to 3 years for it all to happen for parents," the PSS Coordinator said. Therefore the program encouraged families to enroll other children in subsequent years. The research also suggested that early intervention with high risk children provided greater gains, so they target high risk families and allow high risk children to participate for two years.

Approximately 30 to 35 percent of the families enrolled in the program in 1985 were considered "most needy." Of those, 25 percent were high risk families and 10 percent were handicapped. If the program were to serve more of the most needy, more staff would be required to provide social services. Currently, social services staff provide services on an emergency-only basis. With more "most needy" families, interviewees felt that staff burnout (which was already high for social services staff and home educators) would increase, operating costs would increase, dropouts would increase and attendance would be poor for high risk families, reflecting on the overall attendance rate.

The program has no difficulty filling funded slots with age-eligible children and income-eligible families, although staff report that in some communities it is difficult to fill slots with children of the target age (3-year-olds in home-based; 4-year-olds in center-based). In some rural areas where there aren't enough 4-year-olds, 3-year-olds are assigned to the centers. If a center is full, 4-year-olds are assigned to home-based. When an opening exists, the 4-year-old is transferred to the center, and the home educator picks up another family from the waiting list.

Cooperation/Coordination with Other Agencies

Approximately 10 - 15 percent of the families enrolled in Head Start are referred by other agencies. Families are referred through child protective services, DES, health and mental health agencies, agencies that work with the handicapped, such as Developmental Disabilities, and occasionally through other childcare agencies. A community food bank also refers families. The program rarely receives referrals through the local school district but when it does the referrals are children the district doesn't think are ready for kindergarten even though they are age-eligible. The Parent/Social Services Coordinator said that Head Start targets a number of young parents of age-eligible children after they complete a public schools' teenaged parent program for low-income families.

The Parent/Social Services Coordinator and the Special Needs Coordinator contact many community agencies to "network" and recruit families. The agencies also contact the program with referrals. Priority is given to handicapped children who are referred to Head Start. In some cases special consideration is given to referred families, for example, multi-problem families, young parents from the public schools teenaged parent program, and child protective referrals. The program makes referrals for families who need daycare and special services for the handicapped. (No records are kept on the number of referrals.) The Coordinators expect referred parents to contact the agency themselves and in so doing to become more responsible.

While Head Start has no formal arrangements for after school daycare, the program does try to work through the city Association for Childcare in the one urban area served by the program, to place children in certified daycare homes or other childcare programs. There is money available (between $9 and $12, for four hours of daycare through the state) to assist low income working families with daycare costs. Head Start buses children to daycare after the Head Start day is over.

The Parent/Social Services Coordinator reported that at some centers there is increasing competition between daycare centers serving low-income families and Head Start. She said there are at least four programs that serve preschool-aged low-income children through state money. The public schools have 2 federal grants, one to serve handicapped 3-5-year-olds, the other serving emotionally handicapped preschool children. These programs, however, do not provide the health and social services to families which Head Start offers.

A United Way study of daycare in the city indicated that there was "a desperate need for additional daycare facilities" in the east side of the city. The demand for daycare had increased largely due to increasing numbers of single-parent families. Another reason for the increased need for daycare in some areas was that in the area where the copper mines had closed, more Hispanic mothers had gone to work to help support their families. Fees that families paid for subsidized daycare had risen from $1.00 per day to $4.75 per day. DES had also raised the income level used to determine eligibility for subsidized daycare.

Enrollment

Because Program C serves so many children in such a large geographic area and wants to ensure that it enrolls the most needy, it has a carefully worked out plan for ensuring that all families who apply have completed all application requirements prior to the selection process. The Parent/Social Services Coordinator said that prior to the implementation of this plan, many of the neediest families were not enrolled because they had not completed the required immunizations and physical exams prior to selection.

Once completed applications have been received and checked by the Parent/Social Services staff at each center, children needing physicals and immunizations are bused to special clinics set up by the program (usually in April), where necessary immunizations and physicals are completed. If these are not completed in the spring, selection for that center is delayed until fall.

The next step in preparation for selection is for the teachers and home educators to fill out screening instruments with information about family income, age and sex of child, whether the child has a sibling in Head Start, and information regarding family problems, child special needs and so on. The Parent/Social Services staff meets with the education staff to train them on the use of the screening instrument. They also check each for completeness before the selection committee meets. During screening, eligible children are assigned to classrooms according to age, geographic location, and needs. The Selection Committee decides which children from a pool of applicants will be selected for those classroom slots. Coded screening instruments are given to the parents on the selection committee. Usually selection occurs in April and May, and waiting lists for each classroom are established at that time.

In selecting children, there is no limit to the number of subsequent siblings that can be enrolled in the program. In fact, staff members prefer returning families because they feel that a continuing experience has a more beneficial long-term effect on the family. The parent on the Board of Directors provided a good example of this. Her oldest child, now 13, and three adopted or foster children had attended Head Start, which meant she had been involved with the program for ten years. Now, as president of the Board of Directors and a new recipient of an associates degree, she pinned her success on the Head Start program. "I have come this far because Head Start made me feel like I could do it," she said.

The program does not exceed the guideline that 10 percent of enrollment can be over-income families, and had 6 percent over-income in December 1985. Some over-income families are returning families whose income has increased since they were first enrolled. For returning families, income can not exceed Head Start guidelines by more than $5000.

After the selection committee meets, letters are sent to selected families. Follow-up by telephone is done to verify that families will participate. During the summer months when center staff are "laid off," central office staff take over to continue the enrollment process.

In the fall, teachers and home educators assist parents in completing required forms. Members of the recruitment staff conduct a parent interview, and an orientation meeting is held in early September for enrolled families. The orientation session was designed by the PSS Coordinator and educational staff of the program, and is delivered by the center staff and home educators at each site. After enrollment, parents attend three child development education sessions that are based on the program's education component and include building self-concepts, talking and listening and incidental teaching. The program also has a child/parent day for all families. Children who will attend centers are phased in by groups of ten over a four-day period.

Most programs in the area served have waiting lists. Program C limits the number of families placed on the waiting lists to those they think will be enrolled plus a "small cushion," approximately half of each center's total slots. Waiting lists are long in the fall, but generally by spring all families are enrolled. The program staff members felt strongly that they shouldn't get the hopes up for families they won't be able to serve. Families almost always agree to be placed on a waiting list, but most are concerned about the likelihood of being enrolled. "What are the chances?" they usually ask.

There were approximately 226 children on the total waiting lists from all centers. A comparison of the characteristics of enrolled and waiting families shows that the median income of waiting list families was approximately $1,000 lower than that of enrolled families. Fifty-two percent of the waiting list families were single-parent families as compared to 36.7 percent of the enrolled families. However, a higher percentage of enrolled families (39.5) were receiving public assistance than were waiting list families (25.1). There was a slightly higher percentage of over-income families enrolled (6.4) than on the waiting list (2.2). In comparing enrolled and waiting list families, it seems that overall, waiting list families are somewhat more needy than enrolled families.

This study estimates that Program C is currently serving 17 percent of the eligible 4-year-olds in its service delivery area, yet the program reported difficulty recruiting enough 4-year-olds in 1985. The Parent/Social Services Coordinator reported that the program had to keep recruiting 4-year-olds until October that year in order to fill all the slots for that age group. By December the waiting list had 63 4-year-olds on it, but nearly 72 percent of the list was 3-year-olds.

Even though there are estimated to be large numbers of eligible 4-year-olds in the service delivery area who are not enrolled in Head Start, the program has identified specific target areas within the five-county area. It would be impossible to serve the entire area without a considerable increase in resources. The program could, however, consider whether it needs to change the location of some of its centers or redefine bus routes in order to serve families not currently being recruited because Head Start transportation is not accessible to them.

Attendance and Attrition

Until the previous year when the federal policy changed, Program C counted children with excused absences as present. Some sites had difficulty maintaining the 85 percent attendance standard at times. This year, staff worked particularly hard to increase attendance by explaining to parents the importance of attendance to the Head Start program's funding. In some cases programs over-enrolled children to maintain at least 85 percent attendance. Teachers didn't particularly like to over-enroll children in their classrooms because on days when all children are in attendance there would be too many children for the teacher and aide to handle. In addition, there was concern that state regulations on class size or staff-child ratio might be violated.

Special needs and high risk children tend to have the highest rates of absenteeism. The attendance policy calls for dropping a child after 15 consecutive days of absence. However, the site rarely drops a family. Staff members continue to work with the family to solve problems which lead to absences. Staff members felt that high risk and special needs children who are more likely to be absent need the program, even if their attendance rates lower the average daily attendance. "The truth is we'd go out of compliance to help a family," a key staff person said. During the period December 1985 to April 1986, two families were dropped for poor attendance. In one case the parent had not responded to program inquiries concerning a prolonged unexcused absence. In the other, a child hospitalized with a lingering illness was dropped and placed at the top of the waiting list for enrollment when his health improved.

For the home-based components, the policy is to drop a family after three missed visits. Home educators leave two "missed you" letters and attempt to reach the family to determine what the problem is. During the period surveyed, three families were dropped by the program because of missed home visits.

The data corroborated staff perceptions that those who move but don't transfer account for the majority of the dropouts. Staff also report that occasionally (three to four times per year), a family drops out because the parents disagree with a teacher or have an unpleasant experience. One parent took his child out of the program when he heard the nurse had examined his daughter's neck and armpits and was convinced the program thought his daughter had herpes.

In general, there seemed to be no particular family characteristics that would identify families that dropped out. Younger parents were thought to move around more, but usually they transferred to other centers. Attrition is highest in September and during the Christmas vacation.

Observations

Program C made rigorous attempts to meet Head Start policy even when the solutions were difficult for the program staff. In order to meet daily average attendance requirements, programs were over-enrolled, which placed a burden on teachers. When the needs assessment identified low-income target areas that were unserved, the program applied for expansion grants, although no additional central office Parent/Social Services staff could be hired.

The program made efforts to ensure that the most needy families who applied had completed the immunizations and physicals required for enrollment by holding special clinics for all applicants. Further, it had an extensive screening instrument to ensure that the selection committee had enough information on applicants to select the most needy into the program. Yet overall, waiting list families were slightly more needy than enrolled families on a number of indicators, including median income and the percentage of families who are single-parent. Perhaps this is because age and sex of child, child ethnicity, and geographic location of the family in relation to transportation, the location of centers or home visitors are also important selection factors.

Although only 17 percent of the eligible 4-year-olds in the catchment area were enrolled in preschool programs, some Head Start centers were having trouble recruiting enough of that age group. Program C serves an enormous, largely rural area in which families are spread out over great distances. Without knowing where these families are concentrated, it is impossible to say what an appropriate course of action might be. However, target neighborhoods for recruitment, or the location of centers and bus routes, may need to be reevaluated by the program in order to enable it to serve more of the needy 4-year-olds in its catchment area.

PROGRAM D CASE STUDY REPORT

The Program and Community

Located in Southern California in a beautiful valley surrounded by mountains, this rural Head Start Program is operated by a local school district. It offers home-based instruction to 24 families and standard part-day double session school-based classes to 96 children. Seventy-five children are totally funded by Head Start and 45 receive state preschool funds. At the time of the site visit, the program was serving 121 children, 38 of whom were aged 3 and 83 of whom were 4 years old. These and other program facts are shown in Table 1.

The home-based program families have one 90-minute visit each week, as well as a three-hour center day session once a month. Center-based classes have about 16 children to every two adults. The home-based program was adopted to serve 3-year-olds, where there was a need for it, including children of Spanish-speaking families desiring and needing English exposure. Double sessions were chosen for the center-based classes to address the problem of insufficient classroom space. Program staff estimate the program is serving 95 percent of the eligible population. This is corroborated by the estimates obtained for this study which indicate that the program is serving 97 percent of those eligible. Further, taken together, Head Start and the state preschool program are estimated to be serving virtually all of the eligible 3- and 4-year-olds in the area. Enrolled families are about evenly divided between those of White and Hispanic background with smaller numbers of Native American families also participating.

The Program's sixteen staff members reflect the ethnic diversity of the families they serve, and eight of them are Head Start parents. The

TABLE 1

PROGRAM D FACT SHEET

HHS Region	IX
Area Served	Rural
Agency Type	School System
Program Model(s) Offered	Std. Part Day Double Sessions Home-Based
Total Funded Enrollment (Fall 1985)	75[1]
Average Actual Enrollment (12/85-4/86)	124
Number of Children on Waiting List (Fall 1985)	44
Percent Enrollment by Age (Fall 1985)	
3-year-olds	31.4
4-year-olds	68.6
Average Daily Attendance Rate (12/85-3/86)	88.5
Average Monthly Dropout Rate (12/85-4/86)	1.9
Percentage of Eligible Children Served	
4-year-olds	97
State- or City-Funded Pre-Kindergarten	Yes
Number of 4-year olds enrolled	45

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[1] Total funded enrollment of 120 includes 75 funded by Head Start and 45 funded by the state preschool program.

elementary school principal is the Head Start Program Director. Her Teacher Coordinator has been with the program most of its nineteen years. The Social Services Coordinator also serves as Parent Coordinator and is a classroom teacher. Two of the six classrooms teachers hold a CDA credential and two have bachelor's degrees.

A number of the staff members recall the early days of the program when it was housed in a plumbing shop and remember working with parents to raise funds to purchase and fix up the current classrooms located directly behind the elementary school. The program offices are in a mobile unit near the playground and classroom building. The staff members now have their eyes on another vacant building adjacent to the current facilities for future program needs.

As part of the case study site visit to this California community, the Head Start Program Director, Social Service Coordinator and Teacher Coordinator were interviewed. In addition, a parent on the policy committee and directors of two other childcare agencies were interviewed. All those interviewed reported that more young families are moving into the area seeking to improve their economic situation or to attend the community college. A sizeable number of these families were reported to be low-income or single-parent families. The number of teenaged mothers was also felt to be increasing, and respondents reported that the major problems still facing low-income families are food, clothing, and shelter -- basic survival needs. More child abuse cases are being reported, but interviewees were unsure whether this is due to increased emphasis on and awareness of these problems or to an actual increase in their incidence. There did not seem to be a change in the ethnic mix of the community, although a few Black families and a few Arab families were reported to have moved in. The major ethnic minority continues to be Hispanic, and Head Start staff feel children in those families especially need Head Start because English is not their primary language.

Table 2 shows some basic community demographics of low-income families with 3- to 5-year-old children in the area served by Program D, based on the 1980 census. The income distribution of enrolled families indicates that the program is enrolling families mainly from the middle and upper levels of the low income community, yet other calculations indicate that about 97 percent of the eligible 4-year-olds are being served.

Section C of Table 2 compares the racial/ethnic distribution of children enrolled in the program with the distribution of 3- to 5-year-old children of low-income ($11,000 or less) families in the program's approximate service delivery area, based on 1980 census data. Although the census data are several years old, and although the census area used for this analysis includes some areas outside of the program's immediate service delivery area, it appears that the program enrollment roughly parallels the racial/ethnic proportions of the area served by Program D. The percentage of single-parent families enrolled in the program (31.4) is greater than the percentage among low-income families with children aged 3-5 in the community served by Program D (25.4). Employment data also indicate that the program is serving a needy area. About 58 percent of the single parents are unemployed, and in 23 percent of the low-income, two-parent families neither parent is employed.

Both of the daycare providers and the members of the Head Start staff interviewed reported that there are a lot of services for handicapped children in the community, so they see few handicapped children in their programs and have to make special efforts to recruit them. They all report seeing more children with delayed speech or speech handicaps in the last five years, however.

TABLE 2

PROGRAM AND COMMUNITY DEMOGRAPHICS

PROGRAM D

A. Income distribution of families with 3- to 5-year-old children

Income Level	Percent of Population	Percent of Program Enrollment
$4,000 and under	6.8	6.6
$4,001 - 8,000	10.9	36.4
$8,001 - 11,000	9.4	27.1
$11,001 - 13,000	6.6	8.5
$13,001 and over	66.3	19.4

B. Percent receiving public assistance:	8.9	55.1

C. Racial/Ethnic Distribution

Race/Ethnic Group		
White	40.8	36.9
Black	6.7	0.8
Hispanic	48.6	49.2
Asian	0.6	1.6
Native American	1.5	11.5
Other	1.8	0.0

D. Percent single-parent families:	25.4	31.4

E. Employment status of low-income population

1. Single-parent families

Percent employed:	41.7

2. Two-parent families

Percent both employed	19.8
Percent one employed	57.1
Percent neither employed	23.1

There are three other childcare agencies in the Head Start community itself and nine in its sister city, which also has added a Head Start classroom this year. This class and Coordinated Childcare, a program designed to assist low-income families in the county by subsidizing some of the cost and helping families locate childcare, both operate under the county school district which is the grantee for the Head Start program. The two childcare agencies interviewed during the site visit provide both daycare and preschool programs. Each of them serves some Head Start-eligible children either through a sliding scale or through state subsidies, but although most of their clients were reported to be far from affluent, most of them would be over-income for Head Start.

The community college daycare program director formerly provided care for Head Start program children after their classes were out but was not able to do that any longer due to a change in funding policy. A former Head Start teacher herself, she described the unmet childcare needs in the community as beyond words. "There is nothing for low-income families besides Head Start." She felt that daycare was "a different ball game" from Head Start, and that providing daycare was not its role. She did feel that Head Start needs to make more effort to reach the illiterate people in the community and suggested it do surveys of the low-income housing populations each year to determine the ages of the children living in those areas.

Community Needs Assessment Process

The Head Start program reported conducting a community needs assessment each year. It is comprised of information from a parent survey done at the time of enrollment into the Head Start program and information gathered from the Chamber of Commerce reports. These reports include information on industrial and business growth, community services and ethnic diversity, while the parent survey asks questions about the family situation, parents' educational level, number of children under 5 years of age, handicaps, family needs, suggested topics for parent education, and family goals for children.

Results of the parent survey, which are available by January each year, are used in planning topics for parent meetings, planning the classroom curriculum, and getting some idea of the number of children eligible for next year. The parent survey results might be more useful for program planning for Head Start parents and children if they were available sooner. However, the grantee director reported that she writes up the results of the parent survey in narrative form and uses it in planning and in proposal writing. The Principal/Head Start Director said that the school district uses the survey results for enrollment projections, for identifying special needs of children entering school from the Head Start program, and for planning the school's curriculum. She felt that because the preschool/Head Start program is under the same administration as the public school, it has a good awareness of community needs. Based on what she learned from the Head Start parent survey, she wrote a grant proposal for a program to increase parental awareness of community resources. The Principal/Director felt that the school district faces special challenges because a significant number of parents speak little English.

Recruitment Process

Major responsibility for recruitment resides with the Social Services Coordinator and the program secretary, who is Spanish-speaking. One year when the enrollment was particularly low, staff did door-to-door recruiting, but this is not routine recruitment strategy. The chart that follows depicts the program's usual recruitment process.

Strategy	Time Period	Place
Newspaper publicity	March/April and August	area-wide
Church bulletins	March/April and August	locally
Bilingual posters*	March/April and August	laundromats, doctors' offices, social service agencies, low-income housing areas, etc.
Word-of-mouth	Ongoing	the community
TV and radio**	March/April and August	area stations
Flyers	March/April	school open houses

*Considered most effective
**Considered least effective

The Social Services Coordinator found bilingual posters to be the program's most effective recruitment method. The parent on the Policy Council, however, felt that word-of-mouth was the most effective means of recruitment and said that many parents became interested after hearing of the positive experiences other families had with the Head Start program. All respondents found radio was the least effective because it was said to be listened to mostly by senior citizens. When asked if recruitment efforts reached all eligible families, she said, "There is a small handful out there that aren't reached. There's a certain level you reach after so much going without that you don't respond. That's a small group though, because our parents do a lot of outreach. I think those that aren't reached don't want to be bothered. Something is keeping them from making the effort."

As was mentioned earlier, a former Head Start teacher felt that Head Start might not be reaching illiterate people through its current recruitment activities. Clearly, if only three to five percent of the eligible population is not being served, Head Start is reaching most families in the area and the public preschool may be serving most of the remaining eligible children.

Cooperation/Coordination With Other Agencies

The Teacher Coordinator reported that most of the Head Start program referrals are handicapped children served by a program for such children, birth to age 3. She also said that one or two children during each of the last two or three years had been referred from child protective services; these were usually child abuse cases or families with problems. The program also receives referrals from other childcare agencies such as the college daycare program, Coordinated Childcare, the YMCA program, and church-run daycare programs such as the one interviewed during the site visit. Head Start has not documented referrals from the welfare department, but does keep its posters there and knows that the social workers are aware of their program. There is no formal arrangement with other agencies for referrals, but Head Start actively seeks referrals of handicapped children since it has difficulty meeting the quota of these children. Head Start staff members report informally referring children to the same childcare agencies that refer children to Head Start. Usually it is the over-income families who are referred to other programs. Some of these agencies have a sliding fee scale or state subsidies for families whose income falls below a certain level.

Enrollment

The eligibility priorities for the Head Start program are the federal guidelines on age, income and 10 percent handicapped enrollment. The grantee director explained that the grantee had certain eligibility requirements based upon the Head Start performance standards and those of the state preschool program, which is run by the same staff as the Head Start program. The delegate program has its own priorities based on community needs. In setting enrollment criteria, the grantee instructs the programs to take the more restrictive criteria of the two.

Selection is done in August. The Teacher Coordinator and Social Services Coordinator go through the recruitment forms and prioritize them. They usually fill the home-based program first and then the center-based. They call those prioritized and set appointments for processing the applications, documenting income and family and child needs. For the past several years, they have been able to take everyone who applied, but this year for the first time in five years the program has a waiting list.

Selection decisions involve looking at whether the family lives in the target area (the school district or the Indian reservation it serves), whether the child is under protective services, is an adopted or foster child, has incapacitated parents, or has working or student parents. Other priorities include single-parent families, teenaged parents, and Spanish-speaking child or parent. The Head Start Program Director said that the family size and completeness of family information are also important factors. Because in the past they have been able to serve all who applied, they had been able to enroll eligible families on a first come/first served basis. This was seen to have the potential for causing problems if all slots were filled and a very needy family were to come along, because that family would have to wait. Now that there were more applicants than slots, the selection process will need to be different, according to those interviewed.

Another change in policy is that in the past, the first 24 slots were filled by families from the home-based program. This will not be possible any longer due to the grantee's concern about a trend in Head Start to serve a child for only one year. From now on, home-based families will have the same chance as any other family for selection, but they will not automatically move to the center-based program the second year. Therefore, some home-based families would need to be dropped from the program the following year if not eligible for state preschool or kindergarten.

Some families have declined to enroll their children in the home-based program this year because of this change in policy. Occasionally, a family declines enrollment because it prefers center-based classes and the only openings are for the home-based option. In one or two cases, families have refused to provide documentation, either because they were illegal aliens or because they were separated from their husbands. Another reason for declining enrollment was that some parents were working or were single parents, unable to mesh the Head Start program schedule with their work schedule.

Staff members report that they only take over-income families who have handicapped children or children with other special needs -- children who are isolated, who are Spanish-speaking, or who have problems in the home. They report having only three children from over-income families in the program this year and are very concerned about carefully documenting family income.

The enrolled families in December 1985 were 31.4 percent single parent, 66.9 percent two-parent families with 55 percent of them on public assistance. Seventy-five percent of the fathers and nearly 20 percent of the mothers in the two-parent families were employed, while over 67 percent of the single mothers were unemployed. The median income of enrolled families was $8,000 to $8,999.

Income data were only available on 25 (68 percent) of the 44 waiting list families, and their median income was the same as that of the enrolled families. None of the 25 was over-income. A higher percentage of waiting list families (84 percent) was on public assistance. Data on employment was unavailable for most of the families. Information on family type appeared to be complete, with a higher percentage of waiting list families headed by single parents (about 39 percent). Over 56 percent of the waiting list families were two-parent households.

It is difficult without income information on all waiting list families to compare their level of need with that of enrolled families. Furthermore, staff reported that filling vacancies in the program from the waiting list was sometimes a problem because waiting list families had not completed their documentation. Thus, these families may be passed over for enrollment if they are called and are unable to provide documentation promptly. The program attempts to fill vacancies within two to three days. The fact that at least twelve waiting list families had not yet provided income documentation raises some concerns about the selection process. It seems important that the program take steps to assist families to complete application requirements so that "more needy" families are not passed over for enrollment because of an inability to provide the necessary paperwork to the program.

If more people with severe problems were to need Head Start services, Head Start program staff members felt that they would need a full-time social services coordinator and more staff time in order to continue their program goal of helping to build independence in the families they serve. They were concerned that if people had more problems, they might have to do more for them. Needs for more staff development in the area of particular family needs and for changes in the curriculum were also seen to be possible consequences of serving more of the "most needy."

In assigning children to different models, the program places most 3-year-olds in the home-based model, and as far as possible assigns handicapped children to the center-based classes. The two reasons for doing this are that the handicapped children need socialization and can best access services such as speech therapy from the center. Staff have not yet had a handicapped child for whom the center-based program was not appropriate. According to the availability of the school buses, children who require busing come to school during the afternoon session, while those having their own transportation or living within walking distance attend in the morning. At this point in the year, the only family problems identified are housing and clothing needs in nine families and severe health problems in one family. The Social Services Coordinator said that more severe family problems are usually not discovered until later in the year as the level of trust between the family and the Head Start staff increases. There are presently twelve handicapped children in the program, ten of whom have speech impairments.

Attendance and Attrition

Attendance records are maintained by the classroom or home-based teachers and turned in to the Teacher Coordinator monthly. On the attendance sheet, they record the number of days in the classroom, which absences are excused, which unexcused. Each of these are tallied in different columns, thus excused absences are not counted as present. Teachers follow up on reasons for absences daily if the parent does not call in. Also, they check after the third day to see if a doctor has been called. In the center-based program, the program would drop children who were absent seven consecutive days with an unexcused absence. Staff might carry children with excused absences if they had chickenpox, were in an accident, or if family circumstances, such as a death, made it necessary for the family to be away. Children who are asthmatic, whose families do not consider attendance important, or who have an alcoholic parent are likely to have high absenteeism. However, the Social Services Coordinator said the program works with the parents on these problems. Families in the home-based program who miss three consecutive scheduled visits could be dropped from the rolls. This has not been necessary as yet. Make-up sessions are held, sometimes bringing up to three home-based families together for the make-ups.

The program was over-enrolled (104.6 percent of funded level) over the five-month period surveyed and maintained an attendance rate of 88.5 percent in its center-based program. The Home-based Program averaged a 95.7 percent completion rate for home visits, with only three home visits missed and not made up.

Twelve families dropped out of the program during the five months studied. Seven of these dropped because the family moved from the area, and two dropped because the family transferred to daycare. Two families were dropped by the program because the parents were not cooperating by getting the children ready in time for the bus or by being at the bus stop to meet the children after school. One child was dropped because of too many absences. Nine children were enrolled to replace those who dropped out.

The Head Start Program Director said that more home-based than center-based parents drop out because they can't fulfill their obligations. The staff reported having some home-based families drop out earlier in the year because they were concerned that their children might not be able to get center-based instruction next year due to a change in the grantee's policy.

Observations

While study estimates showed that Head Start was serving 97 percent of the eligible families in its area, it was the perception of those interviewed that the need for childcare for low-income families was increasing and that more such families were moving into the area. The Head Start Program had a waiting list for the first time in five years, with at least 25 income-eligible families on that list. However, the program reported some difficulty in getting waiting list families to complete documentation requirements. Helping them to do so seems important if the program is to identify and enroll those who are most needy. The program may also need to re-examine its selection process in the light of the fact that it can no longer serve all that apply.

Program D is in the process of evaluating the need for home-based services to 3-year-olds. At the time of the site visit the program was struggling with the regional office's interpretation of a possible new policy on one year of service. It is not Head Start policy to drop families after being served for one year, but to determine the program option, services and time period that best meet the needs of the community and families served by the program. If the state preschool program is meeting the needs for preschool services for 4-year-olds, it may be that Head Start can be of most assistance to families by serving 3-year-olds or by serving an area of the county that is underserved by the state program.

PROGRAM E CASE STUDY REPORT

The Program and Community

Located in the heart of central Kentucky's Bible Belt and tobacco country, Program E is a county Head Start program funded to serve 80 4-year-old children through a center-based delivery system. The majority of families served are two-parent White families earning less than $6,000 per year. Enrollment at the time of the site visit included 75 White (92.5 percent) and 6 Black (7.5 percent) children. Typically the fathers work as tenant farmers, and the mothers stay at home with the children. (The majority of the Head Start mothers have either had some high school education or are high school graduates.) These rural Kentuckians tend to shun public assistance programs. Only 25 percent of Program E's families receive public assistance payments, and most of these families are headed by unemployed, single parents. Additional background information about the program is shown in Table 1.

The 78 participating Head Start families are spread throughout the rolling hills of the county. Many of them live in deteriorating homes lacking electricity, plumbing, telephones, and reliable transportation. The vast majority of the enrolled children are transported on public school buses to one of four Head Start centers located in "priority target areas" around the county. Each of the four Head Start centers is located within a public elementary school and offers standard full-day classes four days a week for six and one-half hours per day. Staff training and planning meetings are held on Fridays. Teachers conduct two home visits a year while the social services staff members visit the homes as frequently as needed by the families served.

TABLE 1

PROGRAM E FACT SHEET

HHS Region	IV
Area Served	Rural
Agency Type	School System
Program Model(s) Offered	Std. Part Day
Total Funded Enrollment (Fall 1985)	80
Average Actual Enrollment (12/85-4/86)	78
Number of Children on Waiting List (Fall 1985)	16
Percent Enrollment by Age (Fall 1985)	
4-year-olds	100
Average Daily Attendance Rate (12/85-4/86)	80.2
Average Monthly Dropout Rate (12/85-4/86)	1.0
Percentage of Eligible Children Served	
4-year-olds	96
State- or City-Funded Pre-Kindergarten	No

Twenty children are served in each Head Start center and are supervised by a head teacher and a classroom aide. Two of the four teachers currently have the CDA credential and another was working to earn hers at the time of the site visit. None has a college degree. The central office is located in the county seat in the same elementary school that houses one of the preschool centers. In addition to the Program Director, who doubles as the Education Coordinator, the central office staff is composed of an Administrative Assistant, a Social Services/Parent Involvement Coordinator, a Health/Handicap Services Coordinator, and a bookkeeper.

There is only one other daycare center in the area. It is located in the county seat, and serves mostly middle income, working parents. It is sponsored by a Catholic organization and provides daycare, directed free play and structured learning activities for preschool children between the ages of 3 and 5. It is open from 6:30 a.m. to 5:00 p.m. throughout the work week. At the time of the site visit it served 18 children, but planned to expand its enrollment to 24 in January when additional staff became available. The daycare program uses a sliding fee scale on a first-come-first-served enrollment basis, and other than age guidelines and ability to pay tuition, there are no eligibility criteria.

The daycare program does not engage in active recruitment and relies on "word of mouth" to attract families. However, the director felt that "the word" had not gotten out much and that the daycare center was not well known in the community. She indicated that the area could benefit from an increased public awareness of local childcare needs and services. On the other hand, the director also felt that local families do not tend to seek daycare and prefer to keep their preschool children at home.

No systematic needs assessment has been done locally by agencies other than Head Start to determine the needs for childcare services in the area.

Most respondents agreed that the number of preschool-aged children has remained the same over the past several years, and if anything, the number of Head Start-eligible preschool-aged children is declining. Head Start's community needs assessment indicates that there is only one early childhood service for the handicapped in the county, a kindergarten class in the public school system. However, according to those interviewed, there appears to be no real change in the incidence of handicapped children other than an increase in those diagnosed as having communication disorders. This trend could reflect changing patterns in reporting practices as much as the notion that communication handicaps are actually on the rise.

Table 2 shows some basic community demographics of low-income families with 3- to 5-year-old children in the area served by Program E, according to the 1980 census. The income distribution of the area served by Program E indicates a high percentage of low-income families (over 40 percent earn less than $4,000). The program is clearly enrolling families from the lower levels of the income distribution of the area.

Section C of Table 2 compares the racial/ethnic distribution of children enrolled in the program with the distribution of 3- to 5-year-old children of low-income ($11,000 or less) families in the program's approximate service-delivery area, based on 1980 census data. Although the census data are several years old, and although the census area used for this analysis includes some areas outside of the program's immediate service delivery area, it appears that the racial/ethnic distribution of enrolled children roughly mirrors the distribution of eligible children in the area. The percentage of single-parent families enrolled in the program (30.0) is slightly higher than the percentage among low-income families with children aged 3-5 in the community served by Program E. The unemployment rate among single-parent, low-income families in the program's geographic area is very

TABLE 2

PROGRAM AND COMMUNITY DEMOGRAPHICS

PROGRAM E

A. Income distribution of families with 3- to 5-year-old children

Income Level	Percent of Population	Percent of Program Enrollment
$4,000 and under	17.3	41.0
$4,001 - 8,000	15.3	26.9
$8,001 - 11,000	10.5	17.9
$11,001 - 13,000	7.7	5.2
$13,001 and over	49.2	8.9

B. Percent receiving public assistance:	8.5	25.6

C. Racial/Ethnic Distribution

Race/Ethnic Group		
White	88.8	92.5
Black	10.3	7.5
Hispanic	0.9	0.0
Asian	0.0	0.0
Native American	0.0	0.0

D. Percent single-parent families:	27.1	30.0

E. Employment status of low-income population

1. Single-parent families

Percent employed:	24.1

2. Two-parent families

Percent both employed	19.2
Percent one employed	57.7
Percent neither employed	23.1

high (75.9 percent). In fact, in 23.1 percent of the low-income two-parent families, neither parent is employed.

Both the Head Start Social Services Coordinator and the daycare center Director felt that the poverty situation in the area is becoming more severe, probably because of the increase in unemployment due to a faltering farm economy. The county's labor force statistics (an unemployment rate of over 16 percent), according to the Social Services Coordinator, support the position that unemployment is a problem in the area. The county's high rate of unemployment is far above the national average and has not improved substantially since the national economic picture began its upturn in 1983. There has been an increase in public housing projects within the county seat which possibly indicates some shift in the location of the eligible population.

The incidence of working mothers appears to be on the increase within the general population of the county, but not so within the Head Start-eligible population, according to the four respondents. Most of the Head Start mothers tend to stay at home if married, or are unemployed if single. Those few who work tend to have low-paying jobs insufficient to support babysitting or daycare expenses.

Respondents felt that the types of problems faced by county families with preschool children probably have not changed much, but that people might be more open about their problems now, and that the incidence of reporting them may have increased. Of note in this regard, according to the Head Start Director, is an increase in family reports of drug and alcohol abuse, particularly among the younger parents.

Community Needs Assessment Process

Program E Head Start conducts an annual update of its needs assessment. This process is carried out primarily by the Social Services Coordinator with assistance from the Administrative Assistant, under the supervision of the Head Start Director. Staff had differing views on the utilization of the community needs assessment. It is designed to examine the demographic and economic conditions of the county, as well as the various resources available to eligible families, according to the Program Director. The needs assessment is also seen by some staff members as a ritualistic funding activity that is done annually as a matter of compliance with federal regulations in order to provide support for the program and to justify continued funding. A reading of the community needs assessment document tends to support both points of view.

Program E's community needs assessment document provides both statistical and narrative information on the demography of the county, professional services available to Head Start, special needs of community families in seven topical areas, selected characteristics of county Head Start families, and the results of a survey administered to 50 families served by the county's public schools. In addition to the survey respondents and Head Start program records, sources used in compiling the information include local libraries, various departments of the county government, the state and federal departments of commerce along with the local chamber of commerce, and both the state and federal bureaus of the census.

The community needs assessment is conducted between October and December and submitted as part of the annual grant application in January. This information apparently is not used in program planning, nor for setting recruitment priorities and enrollment criteria, nor for coordinating with other childcare agencies. One staff member described its use this way:

"Personally, I can't think of any reason why I should use it for anything other than the grant." The assessment appears to be used, therefore, largely to comply with federal regulations that the annual application include a community needs assessment.

Some staff reported that the community needs assessment is used to target recruitment efforts based on geographic concentrations of current Head Start families in particular areas of the county. But staff members who are primarily responsible for recruitment reported using needs assessment findings for justifying current center locations rather than for targeting recruitment activities. In addition, the community needs assessment does not provide specific listings of community resources which would make it possible to refer families to needed services. Although the community needs assessment is apparently not used extensively for program planning, the local Head Start staff members do not feel they have any problems keeping informed about the needs of their community. As the program Director phrased it: "The community is too small to be out of contact with it."

Recruitment Process

The Social Services Coordinator has overall responsibility for recruitment, and is assisted by the teachers, the Health/Handicap Services Coordinator and the Administrative Assistant in recruitment activities. The major recruitment effort each year occurs in April and May.

Particular groups apparently are not targeted for recruitment on the basis of the formal community needs assessment, but Program E does attempt to focus recruitment efforts on the following types of families: families with housing problems, families with handicapped children, families where both parents are unemployed, and families where there is suspicion of child abuse, alcohol or drug abuse, or where other kinds of stress are present.

The various recruitment strategies and the process used by the County Head Start program are reviewed below:

- Lists of potentially eligible families are used to generate a recruitment list: the County Health Department provides a printout of families with 4-year-old children; the Human Services Department (County Welfare) provides a printout of families receiving public assistance with children under 6 years of age, and Head Start teachers submit lists recommending families for recruitment based on their own knowledge of families in their area.
- Letters are sent to families on the recruitment list explaining the program and inviting them to Pre-registration Day at their local elementary school. Letters are also sent to churches requesting their assistance in publicizing the Pre-registration Day.
- Advertisements are issued to publicize Pre-registration Day, including newspaper advertisements, radio announcements, posters and flyers. Recruitment posters are placed at grocery stores, hospitals, banks, and farm supply stores.
- Pre-registration Day is held at each local elementary school in the county. The Social Services Coordinator, along with her assistants, attend each elementary school's pre-registration for Head Start, kindergarten, and first grade to sign up families for Head Start by assisting them in completing the Confidential Child Recruitment Record.
- The Social Services Coordinator then conducts door-to-door canvassing to contact those families on the recruitment list who did not attend Pre-registration Day.(*)

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* Indicates a variation of the face-to-face, door-to-door canvassing strategy.

- The Social Services Coordinator also knocks on doors in housing projects, trailer parks, and other areas where it is known that low-income families tend to concentrate regardless of whether a family's name is on the recruitment list. (*)
- The Social Services Coordinator is also successful in obtaining the names of families using food stamps through the local grocers. (*)

Door-to-door canvassing using face-to-face contacts was seen as the most effective recruitment strategy by the Head Start administrators. The effectiveness of these more personalized strategies involves a key-informant system in which people with personal knowledge of needy families with 4-year-old children provide "tips" to the Head Start recruitment staff who then make personal visits to talk with potentially eligible families about the program's offerings.

The success of the key-informant/personal contact approach can be understood in the context of those recruitment strategies that are least effective. These strategies include the pre-registration day, along with the various means to publicize it -- letters and advertisements. These strategies don't work that well because (a) the education level of low-income families in the county does not dispose them toward reading advertisements or taking interest in news media, and (b) these families are characterized as reserved -- keeping to themselves for the most part -- and are not inclined to take the initiative in making contacts such as attending the pre-registration day. Consequently, Head Start staff members find that they must take the initiative in recruitment and go to the people on a personal basis.

Cooperation/Coordination With Other Agencies

Program E administrators estimate that about 10 percent of their total enrollment comes through referrals from other agencies. These referral agencies include the county health and welfare departments, churches, the State Board of Education, along with the local mental health center and Community Action Program. The Head Start program usually initiates contact with these agencies to make them aware that Head Start is interested in receiving referrals from them. Program E has no written policy on seeking referrals, but it views the referral-seeking practice as a matter of common sense. Families who are referred from other agencies receive five points on the screening instrument used by the Head Start program on the assumption that referred families tend to have special needs of one sort or another (e.g., child abuse, neglected children, families in crisis).

Program E typically does not refer families to the other childcare agency in the county seat. Head Start staff members inform over-income families about the availability of the local daycare center, but generally do not take an active role in this. During the fall months prior to the site visit there had been one referral from Head Start to the local daycare center. This referral involved the enrollment of an over-income handicapped child suffering from cystic fibrosis.

Enrollment

Program E uses a screening instrument with weighted criteria to evaluate family profiles for selection purposes. Children with the highest scores on this instrument receive enrollment priority, and the program enrolls those children who have the highest scores until all slots are filled. Based on the weights, the following criteria reflect the greatest need:

- returning enrolled child (15 points)
- diagnosed handicap (10 points)
- degree of poverty based on a rating scale (10 points for families 90-100 percent below the poverty line, to negative 10 points for families more than 100 percent above the poverty line)
- degree of special need, based on a rating scale (e.g., documented child abuse scores 9 points, mental illness in the home receives 7 points, a foster child receives 2 points)
- special request/referral and/or suspected handicap (5 points), and
- child's age (4-year-olds are targeted but occasionally a 5-year-old or 3-year-old will be enrolled depending on the applicant's screening profile).

Completed applications are turned over to the Selection/Enrollment Committee whose members (one or two Policy Council representatives from each center) discuss each application and score it using the weighted criteria on the screening instrument. The applications are then rank-ordered by this committee.

The Head Start Director and Social Services Coordinator present their recommendations to the Selection/Enrollment Committee at the Policy Council meeting when decisions are to be made on the following year's enrollment. The Selection Committee makes the enrollment decisions for each center based on consideration of rank-ordered lists for each center as well as staff recommendations. The Head Start staff reports that, overall, there is no difficulty filling slots with income-eligible children.

The Head Start Director said, however, that some Head Start Centers are located in more affluent areas and that over-income families are more willing to send their children to Head Start than are low-income families in such communities. In those areas, income-eligible families are enrolled first and over-income families are taken only after all eligible families have been served. The program's policy is to enroll mainly handicapped or special needs over-income families. At the time of the site visit, only six enrolled families (7.7 percent) were over-income and all but one of the 16 families on the program's waiting list were over-income.

Staff members report that waiting lists are kept at each of the four centers, and lists vary in size. The center located in the county seat has usually had the longest waiting list (13 families), whereas the other three centers' waiting lists have averaged about five families each, somewhat larger than at the time of the site visit.

Since the beginning of the year, about half of the families originally on the waiting list have been enrolled. The enrollment of waiting list families is based on the same process as reviewed earlier, but 18 percent of the families dropped off the waiting list before an opening was available for them. Program records show that almost two-thirds of the waiting list families (at the time of the site visit) had been directly recruited by the program, i.e., identified through active procedures such as door-to-door canvassing. With the low attrition Program E has, it is not clear why they are recruiting, and placing on the waiting list, such a large proportion of over-income families.

Head Start staff report that reasons for dropping off the waiting list include (a) planning to move out of the county, and (b) parents deciding that they wanted to keep the child at home rather than enroll him/her in preschool. These were the same reasons cited by staff for families declining to enroll their children. Families that had decided to keep the child home were typically described as extended families where grandparents had influenced the family's decision.

A comparison of the characteristics of enrolled and waiting list families shows clearly that enrolled families are more needy than waiting list families. The median income of enrolled families was $5,000 to $5,999, while that of waiting list families was $19,000. Thirty percent of enrolled families, as compared to 12.5 percent of waiting list families, were headed by single parents. Moreover, 25.6 percent of the enrolled families were on public assistance, whereas only 5.6 percent of those on the waiting list were on welfare. More than half of the waiting list mothers were working and 87.5 percent of them were high school graduates, whereas only 16.7 percent of enrolled families had mothers who worked, and nearly 60 percent of them had not completed high school. There are two conclusions from these comparisons: First, Program E is serving families with greater need, while asking the less needy to wait. But second, the waiting list consists largely of families who are not eligible for Head Start services once 10 percent of the enrollment is over-income.

The projections done for this study show that an estimated 96 percent of the eligible population is being served by Head Start at this time. Theoretically then, there are some eligible families still not being reached by Head Start either because they choose not to participate or because they have not become aware of the program, but this number is very small.

The staff members of Program E tended to define "most needy" in terms of income-eligible families with a 4-year-old child in which there is considerable presence of special needs in the family (the child has either a diagnosed or suspected handicap). Staff estimates of the number of children with this type of profile ranged form 50 percent to 80 percent of the current enrollment. There were four perceived consequences of increasing the percentage enrollment of "most needy" families:

- Staff burnout: relates to greater workloads in both the classroom and in home visits in order to meet the higher needs of families with handicapped children and stress in the home.
- Additional staff and services: social services staff members with both education and social service credentials, more classroom staff with special education training, and more part-time teacher aides.
- Type of program model: there would be a need for a home-based option to provide more individual attention to the child and family.
- Operating costs would increase because more personnel with higher levels of professional training would be needed, along with the need for special equipment.

Attendance and Attrition

Attendance records are maintained by the Head Start teachers and kept in the classroom at each center. These records are used primarily by center teachers to monitor attendance and to document the need for requesting a home visit. The Social Services Coordinator uses attendance records to identify the reasons for a prolonged absence.

The Social Services Coordinator makes such a family contact after a 3-day absence and makes every effort to get the child back to regular attendance once the problem has been identified and resolved (e.g., long-term illness requiring a visit to the doctor or health clinic, mother depressed and keeping the child at home for emotional comfort). The child is retained in the program as long as the family is interested in participating in Head Start, or as long as the child has a note from a doctor recommending that the child stay at home because of an illness. Alternatively, the program would not tend to initiate the termination of a child's enrollment unless the parent indicated, in writing, an intention not to send the child back to the Head Start center.

The attendance records maintained by the classroom teacher cover the following:

- total classroom daily attendance and absences
- total enrollment
- reason for excused absence
- children absent four or more days

If a home visit is undertaken as a result of attendance problems, a Parent Contact form is used by the Social Services Coordinator to document this follow-up contact and the specific action taken. The center attendance forms are forwarded to the Head Start office in the county seat each month. The primary administrative uses of these forms are for various federal reporting requirements and in the forwarding of summary information in the child's file (e.g., attendance record) to the new teacher in kindergarten.

Program E counts children as present if they have an excused absence, although this is not in keeping with Head Start guidelines. An absence is considered excused if it involves a legitimate Head Start activity that takes the child out of the education center (e.g., a visit to the doctor or dentist) or documentation of hospitalization, communicable disease, death in the family, or a "temporary family situation." Excused absences, thus defined, are included in the attendance count as being present. Program staff reported an annual attendance rate of better than 85 percent when counting excused children as present.

For the attendance survey done by this study, however, such absences were not counted as present. The attendance rate for the 3 months provided was 80.2 percent, with the rate dropping to 69.6 percent in January because of bad weather.

Children who have high rates of absenteeism were characterized by one of the Head Start teachers as primarily those with chronic health problems, many of which stem from afflictions related to handicaps dating back to birth. Other children who are often absent are those who can manipulate their parents into letting them stay home (e.g., who don't want to get out of bed early in the morning), according to the Social Services Coordinator.

The teacher interviewed felt that poor attendance has a negative effect only on the achievement of the child who is missing instruction. This teacher did not have a significant concern with unexcused absences. The Social Services Coordinator, however, believed that poor attendance did have a negative effect on other children in the classroom. She felt that it slowed down the group's progress by requiring the teacher to take extra time to review material with those children who had experienced prolonged absences.

Program E tries not to leave a slot vacant for more than 30 days. The latest that staff will enroll a new child is January 31, because they feel that the necessary medical and dental screenings can generally not be completed after this point in the year. Staff members also felt that children can not significantly benefit educationally from less than one semester in the program.

As stated earlier, the county program generally does not drop children. The teacher interviewed could not recall a single case where the program had terminated a child's enrollment in the eleven years she had been a Head Start teacher. Rather, the program staff work to keep the families enrolled. Families that drop out do so primarily because of moving out of the county. Such moves are usually for economic reasons such as the need for parents to find employment. Many of the families are tenant farmers and migrate seaonally to obtain farm-related jobs. Staff reported that most dropouts occur during the first weeks of school and that most vacancies are filled by October.

The program had only four dropouts between December 1985 and April 1986, a dropout rate of 5.1 percent. The program was over-enrolled by two children in December, but average enrollment for the period was only slightly below funded enrollment. All four families who dropped out did so because they moved from the area.

Observations

The true extent of the county's child-care needs apparently remains unknown since a comprehensive community needs assessment has never focused on this particular issue. What is currently done by the local Head Start program in the name of needs assessment resembles more that of a program self-assessment which serves to justify continuation of the program's funding. Yet the formal needs assessment process that is required as a condition of the grant does not appear to contribute meaningfully to this Head Start staff's capability for keeping informed about the needs of its low-income client population. The staff feels that it knows what is going on in the county without having to update their community needs assessment.

Door-to-door canvassing in the context of a key informant system appears to be the most effective recruitment strategy used by the staff of Program E. As the Head Start Director put it: "It works a lot better for us to beat the bushes and look for that really needy child who can most benefit." However, it is also clear that Program E is not identifying enough low-income families to maintain a meaningful waiting list. Even with a low dropout rate, the program needs a waiting list of 7 or 8 income-eligible families in order to fill the one vacancy a month on the average that does occur. But it is unclear whether Program E should refocus its direct recruitment activities on other geographic areas where more low-income families might reside or whether the staff should simply increase direct recruitment activities in those areas currently known to be "poverty pockets." Perhaps a lesson to be learned here is that the community needs assessment process could answer such questions and serve recruitment needs were it to be so focused.

It should also be noted that projections done by this study indicate that 96 percent of the eligible population is currently being served by Program E. These data suggest that recruitment activities have tended to saturate the eligible population locally. Combined with other data which point to a shrinkage in the eligible population, it may be that either Program E's funded enrollment level is too high or that the geograqphic area served should be expanded.

PROGRAM F CASE STUDY REPORT

The Program and Community

Having the road disappear in a white expanse contrasting with the blackened night sky in a hard snow storm, a phenomenon called a "white out," is not uncommon to the Northern Plains of the Midwest. Such weather is a factor to be reckoned with for this rural Head Start program serving 5,000 square miles in the rural northwest corner of its state.

Funded for 120 children but currently serving 124, Program F provides comprehensive preschool education services in 3 1/2 counties through a home-based model. Table 1 provides some basic facts about the program. The average enrollment for the period of the study was 120. The Head Start Program focuses on serving 4-year-olds, since kindergarten is offered in the public schools under a state mandate.

The Head Start Director reported that each of the 12 Home Visitors is responsible for making weekly home visits; they each work with between 6 and 13 families. Four home visitors had completed the CDA credential, with a fifth schedule to do so in January 1986. Three had completed college degrees in early childhood education and three had elementary education degrees. In addition to the home-based teachers, the Head Start staff consists of a program director, coordinators for education, social services, and health/handicap services, a bookkeeper, and a secretary. Opportunities to promote children's social interaction and development are provided on a biweekly basis through classes at 12 local elementary schools serving 17 communities.

The counties served by Head Start can be characterized as small town, rural America. The town with the largest population center barely exceeds 2000 in population and in better economic times was known for the manufac-

TABLE 1

PROGRAM F FACT SHEET

HHS Region	V
Area Served	Rural
Agency Type	CAA
Program Model Offered	Home-based
Total Funded Enrollment (Fall 1985)	120
Average Actual Enrollment (12/85-4/86)	120
Number of Children on Waiting List (Fall 1985)	32
Percent Enrollment by Age (Fall 1985)	
3-year-olds	2.4
4-year-olds	92.7
Average Percent of Home Visits Completed (12/85-4/86)	97.3
Average Monthly Dropout Rate (12/85-4/86)	0.5
Percentage of Eligible Children Served	
4-year-olds	88
State- or City-Funded Pre-Kindergarten	No

turing of snowmobiles. Perhaps more typical of the area is a farming town, population 311. With the exception of one town with 1524 people, where a window company is a major employer, the primary economic base of these communities is farming, the major crop being small grains (wheat, oats, and barley). Sugar beets and sunflowers are also grown commercially by local farmers.

Table 2 shows some basic community demographics of low-income families with 3- to 5-year-old children in the area served by Program F. The income distribution of the area served by Program F indicates that, according to the 1980 census, almost 30 percent of the population was earning less than $11,000 per year. The income distribution of enrolled families indicates that the program is enrolling families from throughout the income distribution of the low-income population, but that there is also a relatively high proportion of enrolled families with incomes exceeding $13,000 per year.

Section C of Table 2 compared the racial/ethnic distribution of children enrolled in the program with the distribution of 3- to 5-year-old children of low-income ($11,000 or less) families in the program's approximate service-delivery area, based on 1980 census data. Although the census data are several years old, and although the census area used for this analysis includes some areas outside of the program's immediate service delivery area, it appears that the program is reaching the dominant racial/ethic group (Whites). (The 7.6 percent of the area population that is Native American is served by a different grantee.) The percentage of single-parent families enrolled in the program (17.9) is actually less than the percentage among low-income families with children aged 3-5 in the area served by Program F. These data also confirm reports of a high unemployment rate in the counties served by this program.

TABLE 2

PROGRAM AND COMMUNITY DEMOGRAPHICS

PROGRAM F

A. Income distribution of 3- to 5-year-old children

Income Level	Percent of Population	Enrolled Children
$4,000 and under	7.8	20.0
$4,001 - 8,000	10.7	28.5
$8,001 - 11,000	9.9	24.6
$11,001 - 13,000	9.4	9.3
$13,001 and over	62.2	17.8

B. Percent receiving public assistance:	5.4	19.2

C. Racial/Ethnic Distribution

Race/Ethnic Group		
White	89.6	97.6
Black	0.0	0.0
Hispanic	0.9	0.0
Asian	1.9	2.4
Native American	7.6	0.0

D. Percent single-parent families:	23.6	17.9

E. Employment Status of low-income population

1. Single-parent families

Percent employed:	40.0

2. Two-parent families

Percent both employed	17.3
Percent one employed	64.2
Percent neither employed	18.5

Seven respondents (the Head Start Director, Social Services Coordinator, two Home Visitors, the Policy Council Chairperson, and two Directors of area childcare centers) were asked about the changes that had occurred in the region over the last five years. One change that was particularly evident was the decline in the farming economy. A by-product of this particular economic downturn has been a new twist to the poverty profile in the area, as banks have increasingly initiated foreclosure proceedings against bankrupt farms. The result has been that more and more area farmers have fallen below the poverty line, making many of these formerly middle-income families eligible for government assistance programs like Head Start. However, these newly impoverished farmers are reluctant to participate in programs such as Head Start since they don't identify themselves with the poor, yet they suffer from what has become known as "farm stress" and attendant family problems reflected in an increase in alcoholism, depression, suicide, and spouse abuse.

Perhaps the only area in the region that is not experiencing economic hardship is the town where the window company appears to be expanding its labor force and attracting new families to the area. It is in this area that the preschool population and the number of working mothers is increasing, and the demand for childcare services has grown. Southeast Asian refugees have also gravitated to this area in search of work.

Demographic projections done for this study indicate that about 88 percent of the eligible 4-year-olds in the area are currently being served by Head Start. Those interviewed reported that in the counties served by the program, demographic trends are mixed and area-specific. For example, projections for school enrollment (K-12) over the next several years are down in most areas, with the exception of the two population centers mentioned earlier. Of other interest, the single parent population appears not to have changed much the past several years, and the number of children with handicaps appears to have remained the same.

In addition to the Head Start Program, there are three other childcare agencies in the region: one serving the eastern half of the catchment area, and another serving the western half with preschool centers located in two towns. Neither targets low-income families.

The program in the eastern area was established in 1973, whereas the one in the west was established in 1980; both were initiated as parent cooperatives. The two childcare programs are very similar in that they operate essentially as traditional nursery schools serving middle-income families with children between the ages of 2 1/2 and 5 years. Services are provided two days per week, with two-hour sessions each day. One childcare program provides double sessions with an enrollment of 50, while the other offers only a single session and enrolls 23 children. The enrollment criteria are essentially identical, with both programs requiring a $25 per month tuition fee. Children must be toilet trained and meet the age guidelines, and families are enrolled on a first-come/first-served basis provided they have the financial ability to pay tuition. Other than minor speech articulation problems characteristic of normally developing preschoolers, neither program enrolls handicapped children.

Both childcare programs operate approximately 15 percent below the enrollment capacity for which they are licensed. Neither program has had sufficient applicants to reach its enrollment capacity, but one has imposed a ceiling on its enrollment due to what the Director perceives as a space problem; the program currently has a small waiting list, yet neither childcare program conducts active recruitment, relying principally on word-of-mouth and an occasional newspaper advertisement. The program directors felt that there was a need for more services to middle-income families.

Head Start does not refer its waiting list families to these childcare agencies, nor do the other programs refer children to Head Start. However, Head Start will make waiting list families aware of other childcare alternatives if the family initiates such a request. The result has been that families on the waiting lists of either Head Start or of other childcare programs do not avail themselves of potential enrollment opportunities elsewhere in the region. Waiting list families apparently do not contact other childcare agencies on their own.

When the childcare agency directors were asked about their opinion of Head Start's effectiveness in meeting the childcare needs of the community, they declined to offer a judgment since they felt they were not familiar enough with Head Start. As one of the directors put it: "I really couldn't tell you unless I knew what Head Start does do." The childcare directors did, however, possess a general awareness of Head Start which they described in terms of preparing low income and handicapped children for kindergarten.

Community Needs Assessment Process

Head Start updates its community needs assessment each year as part of its annual grant application. The community needs assessment is part of the program narrative section of the grant proposal and is written to justify the program's need for continued funding as can be seen by the following quote from their community needs assessment: "The community needs survey completed in 1985 shows that there is a definite need and that the area favors a preschool program for 4-year-olds. It is the general feeling of parents, Policy Council, and staff that the continuation of Head Start/Home Start is of the utmost importance in the area at this time."

The need for the program is established in the community needs assessment through various demographic statistics obtained from the community action agency's records and census data on the counties served, and also through survey data from a parent "needs assessment" which the program's community needs assessment describes as "an assessment of Community Action Head Start/Home Start...(which) will assist us in future planning." According to the Policy Council Chairperson, the parent survey is used to demonstrate to the regional office that various community needs have been met by the Head Start program. In short, the community needs assessment largely serves to document the perceived worth of continued Head Start funding.

The community needs assessment, as currently used, has the potential to influence program planning -- assuming that it can influence the funding of proposed program modifications. Such was the case when recent results indicated that Home Start parents wanted more frequent socialization activities for their children. The Head Start Director then proposed in the last grant application that funding be provided to increase center meetings from biweekly to weekly sessions. However, this particular proposal was not funded by the regional office even though the community needs assessment was used to support the need in the grant proposal, the local assessment team corroborated these findings and the validation team from the regional office supported the recommendations of the local panel.

In regard to Head Start's recruitment and enrollment policies, the priorities, criteria, and strategies currently in use have been established for many years. The annual needs assessment update does not affect those strategies already in place other than in minor ways such as altering the locations where posters are displayed to adjust for minor shifts in the geographic locations of the target population.

Although other social service agencies (e.g., County Health Departments) do not use the results of Head Start's community needs assessment, this apparently does not hinder the coordination of services between Head Start and other agencies. Coordination occurs largely through informal agreements and much of what might be considered community needs assessment activities are themselves informal. In regard to Head Start's ability to keep informed about community needs, the Program Director had this to say: "A lot of this is informal and is just keeping up with local news and gossip -- much of which needs to be sifted and deciphered."

Recruitment Process

The Head Start Director has overall responsibility for recruitment and supervises the activities of other staff members involved in the recruitment process. The Social Services Coordinator, in turn, is responsible for establishing and maintaining the program's outreach efforts which she does in part by supervising the home visitors in their recruitment activities.

The annual recruitment campaign officially begins in April when the Program Director and Social Services Coordinator provide a staff orientation on the recruitment and enrollment guidelines to be used. This is done primarily by reviewing the program's recruitment packet during a Head Start staff meeting. The packet contains the following:

- Home Visitors Recruitment Guide
- Home Start Brochure
- Documents on recruitment strategies and procedures
- Sample press release
- ACYF guidelines and transmittal notices
- Home Start Program Objectives
- Facts and Misconceptions about Home-Based Programs
- A map targeting area population centers
- Head Start Recruitment and Enrollment Form

Subsequent to the recruitment orientation meeting, each home visitor meets with the local public school's social worker who suggests the names of needy families with preschool-aged children based on the local school census list. The home visitors then make telephone calls during May to all families on the census list and arrange home visits. If the family is receptive to the idea of participating, the home-based approach is explained and the family is helped with the application process.

Head Start staff also uses each local school's Preschool Round-Up in May as an opportunity to recruit families. The local schools send letters to families who have been identified as having preschool children based on the school census, inviting them to attend the Round-Up Day. The letter sent by the schools informs the family that the Regional Interdistrict Council (RIC) will be conducting developmental assessments (by administering the DIAL test or Denver Developmental Screening Test) at the Round-Up and that this is an opportunity for them to see if their child can benefit from preschool attendance prior to enrolling in kindergarten. Head Start is not mentioned in the letter. The public schools provide preschool services for developmentally delayed children and cooperate with Head Start by making the RIC screening available to Head Start as a recruitment opportunity. Head Start staff attend the RIC screening, set up an information booth, and talk to prospective families about the Home Start approach. As a result of this, Head Start identifies a large number of needy families with handicapped children and recruits them for the program. This site has the largest percentage of enrolled children with handicaps of all the study sites.

Head Start writes letters to parents who did not attend the RIC screening, informing them about the Home Start program and requesting an opportunity to make a home visit in order to explain the program more fully to the family. Families not responding to this letter receive either a follow-up phone call or a "cold call" home visit if they do not have a phone.

The program also advertises its recruitment through radio and newspaper ads, by posting flyers, and by taking advantage of opportunities for free public service announcements.

The Social Services Coordinator continues the recruitment home visits begun by the home visitors. The Program Director then completes the remainder of the recruitment activities during the two months of the summer when he is the only member of the Head Start staff employed.

The consensus of the Head Start staff is that face-to-face contact is the most successful recruitment strategy. How this is achieved is another matter, and varies by community and family. As the Program Director phrased it, what works is "taking it to the people." But what opens a door with one family might not work with another.

Achieving a face-to-face contact often requires a "shotgun approach" as well as a lot of persistence, according to the Program Director. In other words, one has to try a variety of different approaches, some of which are better suited to particular families than others. One also has to be persistent in using multiple approaches with a given family. Whatever the means, the key is "getting your foot in the door" in order to explain the Home Start concept to a prospective family.

The Head Start staff feels that a face-to-face, personal interaction needs to be arranged in many cases, since prospective families do not tend to initiate direct contact with the program, perhaps partly because of passivity and partly because of an aversion to being identified as "poor." Most people tend to know each other in these small communities. This situation provides the Head Start home visitors a degree of familiarity with many of the families who are identified for recruitment on the local school's census list. Such familiarity, in turn, provides the home visitors with a sense of what approach might work best in contacting a given family, and tends to enhance the receptivity of prospective families to an initial phone call about the program. The fact that a home visitor might be familiar to a family also enhances receptivity to her when she makes a recruitment home visit, whether that contact had previously been arranged or not.

Newspaper ads do not seem to be particularly effective in recruitment because some families don't read newspapers. Prospective Head Start families that do read newspapers, according to the Policy Council Chairperson, may not understand written articles about Head Start and its purpose because their level of literacy is often quite low. The Chairperson also felt that low-income families are often "turned-off" by newspaper ads or articles on Head Start because they don't want to be identified as "poor people."

Cooperation/Coordination With Other Agencies

Head Start staff estimates that approximately 10 percent of the program's enrollment comes through referrals from other agencies, primarily from the local public schools and Crippled Children's Assistance. These referrals involve handicapped children for the most part.

As stated earlier, Head Start uses the Regional Interdistrict Council screenings as part of its recruitment strategy. Head Start's enrollment guidelines for the handicapped include both income eligibility and special needs, whereas the public special education preschool programs are concerned with children's special needs irrespective of family income. Because of Head Start's dual enrollment policy, about 65 percent of the handicapped preschoolers served by the public schools are also served by Head Start through its home-based program.

The referring agency typically makes the initial contact with Head Start by informing the Program Director that a child has a diagnosed or suspected handicap and that the family is interested in learning more about the program. This type of referral linkage is an informal and established tradition. Both the schools and Crippled Children's Assistance know that Head Start is always interested in referrals, particularly handicapped children. Referrals do get priority consideration for enrollment when a handicapped child is involved.

As discussed earlier, Head Start will refer a waiting list family to an alternative childcare program _if_ the family requests information about other childcare options. Referral, in this context, means informing the family about the availability of another childcare agency rather than actually initiating contact with the other agency on behalf of the family. At the time of the site visit other childcare agencies in the region had not enrolled any families from the Head Start waiting list.

Enrollment

Initial decisions about enrollment recommendations are made by the Program Director with input from home visitors and the Social Services Coordinator if a difficult decision needs to be made in choosing one family over another. The Policy Council gives final approval to enrollment selections. The eligibility criteria the Director uses in evaluating applications are as follows:

- Family income guidelines
- Carry-over enrollment

- Handicap/special needs
- Priority given to 4-year-olds

The Head Start Program essentially tries to target income-eligible, 4-year-olds for enrollment; these children are typically enrolled for a single year. During 1985-86, two 3-year-olds were enrolled because they were handicapped, and it was felt that they could benefit from being in the program for two years. Thirty-five percent of the enrollment consisted of 5-year-old children whose parents had not yet enrolled them in kindergarten.

Beyond considerations of income and family need, the Director tends to focus on practical considerations in making enrollment recommendations. Serving families located closer to schools used for center experience is an example of practical consideration involving geography. The parents' suitability for participating in a home-based program is another practical consideration used in the enrollment process. For example, the program requires that at least one parent be available in the home to work with the child and that parents make a commitment to become actively involved in working with the home visitor.

The Head Start staff members recognize that they have problems filling their slots with income-eligible children. This was apparent in at least two of the counties served. The home visitors from these areas presumed that the problem was related to having already recruited all the known income-eligible families in these communities. As a matter of program policy, all enrolled over-income families must have some kind of special need for the Head Start program.

Of the enrolled families, 13 percent (17 families) were over-income. At the time of the site visit there were 32 families on the Head Start waiting list, half of whom were over-income. Just over 19 percent of those enrolled in the program were on public assistance, while no one on the waiting list received it. The median income of enrolled families was $8,000-$8,999, while waiting list families' income was $10,000 or higher. Single-parent families comprised 18 percent of the program's enrollment. The waiting list had half as many single-parent families, proportionately. As a standard of comparison, the single-parent family rate for the area is 23.6 percent.

Enrolled families were more in need of Head Start than waiting list families at this site. However, it is estimated that 10 to 12 percent of the income-eligible families in the area are not yet being served by Head Start. This suggests that it might be feasible to recruit more eligible families so that the program will have a larger pool to draw from in filling program vacancies.

Families who declined to accept an initial offer of enrollment were said to be those who had made plans to move out of the catchment area, usually seeking employment. Of the 14 families who declined an enrollment offer prior to the site visit, almost all were unemployed. Seven (50 percent) of these families moved before an enrollment offer was made. The remaining families on the waiting list either refused to provide documentation of their income, decided to enroll their children in kindergarten, or developed an "attachment" problem which prevented them from enrolling their child in Head Start. The families who refused to disclose income information were described as independent, proud, and unwilling to seek government assistance programs.

Some of the non-enrolled families declined to enroll in Head Start because of the parent involvement requirements associated with a home-based program. This raises a question as to whether there is a sufficient number of eligible families in the area who might prefer a center-based Head Start

Program. Such a concern could be investigated through the program's community needs assessment. The extent to which the home-based option continues to be the model of choice in the area could be a major point of focus in an annual update of the community needs assessment. But as will be seen in the next section, a family's suitability to the home-based approach is a significant consideration in enrollment decisions and the assessment of community needs.

Attendance and Attrition

Head Start home visitors maintain records of each home visit on the Home Start Activity Prescription form. Home visitors also use the Attendance Register to record attendance for weekly home visits and biweekly center sessions. Codes are used on the Attendance Register to differentiate attendance for home visits versus center sessions, to record "make-up" home visits, and to indicate whether an absence from a center-session is because of dual-enrollment in another preschool. The home visitors turn in their Attendance Registers and Home Start Activity Prescription forms to the central office at the end of each month.

The Attendance Register is used primarily to monitor attendance. When an unexcused absence occurs, the home visitor informs the central office; however, cancelled home visits are typically made up the same week and rarely do families miss more than two consecutive home visits. When this does happen, it is usually related to bad weather during the winter. If a family incurs three consecutive absences, either cancelled home visits or unattended center sessions, the Social Services Coordinator visits the family to stress the importance of keeping home visit appointments and attending the biweekly center sessions. Documentation of these follow-up contacts is maintained in the social service records. The program had a completion rate of 97.3 percent for home visits scheduled between December 1985 and April 1986. Twenty percent of the missed visits were because the family cancelled a home visit. The remaining were missed because of teacher or parent illness, death in the family, or some other unspecified reason.

The Head Start Program has a "no drop" policy and has never terminated a family from the rolls because of missed visits, largely because prolonged absences and missed visits have never been a major problem. The central office has set an attendance goal of completing at least 30 of the 32 scheduled weekly home visits, a home visit completion rate of almost 94 percent. Combined with center attendance figures, the overall attendance rate has exceeded 90 percent over the last few years. Head Start does not count children as present if they have an excused absence.

Parents who have problems keeping their home visit appointments tend to be, in the words of one of the home visitors, "moms who can't get it together." These parents are described as having poor organization skills, as being forgetful, and as not understanding their role as a teacher of their own children. In talking with the Head Start staff, one gets the impression that the parents who have high "miss rates" were probably not good prospects for participating in a home-based approach to begin with. When recruited, these parents apparently tended to register some confusion and resistance to the idea of taking responsibility for working with the target child at home through the week and for transporting their child to the biweekly center sessions. In short, the home-based program does not seem to be a priority for parents who have difficulty keeping visit appointments: They are not sufficiently involved in the program, do not take responsibility for their teaching role, and do not seem to understand the home-based approach, according to the Social Services Coordinator. However, since Program F has a low dropout rate and a high percentage of completed home visits, it appears to be successfully recruiting families who are suited for this model.

The parents mentioned above are the parents who need Head Start the most, according to the Program Director, who stated that "it is a goal of this program to get these parents back on track and have them start accepting responsibility. This is not always possible in the short time we work with families, but a true effort to help these parents and children is put forth."

Although the Head Start program will not terminate the enrollment of families who have attendance problems, families that do have high "miss rates" often tend to drop out of the program of their own accord. If a family is going to drop out of the Home-based program, they tend to do so within the first or second month of school, according to the home visitors interviewed. The Social Services Coordinator felt that there was no particular time when attrition was highest. Very often, a record of cancelled home visits is a precursor to the family's dropping out. However, marital and employment problems are often related to parents cancelling home visits along with lack of parental interest in the child's education. Marital problems often result in the spouses splitting up, leaving no one at home when the home visitor arrives. Employment problems typically result in the family's moving out of the catchment area in search of work, or taking trips out of the county to explore alternative employment possibilities -- again leaving no one at home when the home visitor comes knocking on the door. According to the program director, the number one reason for "drops" is family relocation for employment.

The program had only three dropouts during the 5-month period surveyed. None of these families was replaced by new enrollments. All of them dropped out because they moved from the area.

When Head Start is in an over-enrollment status (more than 120 children enrolled), the program might not fill vacant slots until the following year. If the program is under-enrolled, vacancies will be filled from the waiting list as soon as possible. However, no new enrollments are taken after the end of January, since the Director feels that the child and family cannot benefit sufficiently from one semester. In addition, funds from the medical/dental budget tend to be obligated by January so that the program often cannot provide a new family with comprehensive health services after that date.

Observations

The Head Start Program's ability to maintain a high completion rate for the weekly home visits and the strong attendance at the biweekly center sessions is a credit to the program. The program's low dropout rate also attests to the general satisfaction of participating families. The linkages developed with the local public schools and the Regional Inter-District Councils appear to be highly effective strategies for recruiting children with special needs.

Limitations of the program, specific to recruitment and enrollment practices, include the selection process, the enrollment of income-eligible children, and the referral process. Because much of its recruitment activity centers around joint efforts with the Regional Interdistrict Council (which works to identify and diagnose the needs of handicapped preschoolers), Program F has 30 percent of its enrollment comprising special needs children. However, the program does not use a systematic, objective process to help structure and facilitate decisions on the selection and enrollment of children, and families with other kinds of needs may not be so well served.

Head Start is under-enrolled in the category of income-eligible children, a problem that is apparently new to the program. One group that is apparently difficult to recruit and that represents a new entry into the pool of potential families eligible for Head Start is that of farmers in bankruptcy. Now that a previously unserved group has become eligible for Head Start services, it may become necessary for the program to reevaluate its traditional recruitment strategies, particularly in those communities where recruitment goals have not been reached.

It may also be a time to consider alternative program options. Some of the areas served might benefit from the availability of a center-based option. If staff members have reason to believe that some eligible families decline Head Start enrollment because they do not want frequent home visits or do not have time for the level of parent involvement required, an additional option might be considered for those families.

Referrals from Head Start to other childcare agencies have, up to now, been nonexistent. Head Start is in a position to help those over-income waiting list families who could afford the available services by making active referrals to these other childcare agencies. The development of referral linkages between Head Start and other childcare agencies may also facilitate Head Start enrollment through the resulting enhanced community awareness.

PROGRAM G CASE STUDY

The Program and Community

A combination urban-rural program under the auspices of a community action agency, this Head Start Program operates 13 centers serving four counties and a total of 871 children. As part of the case study site visit to this Head Start Program in the deep South, the Head Start Program Director, Deputy Director/Business Manager, Social Services Coordinator, a parent on the Policy Council, and three directors of other childcare agencies were interviewed.

Table 1 shows several basic facts about the program. Enrolled families have access to one program model at present. This standard model meets from 8:00 a.m. to 2:00 p.m. five days a week from September to June. This model was adopted in response to the needs of a large number of working parents. The number of home visits per month varies according to family need. Staff of the various components of the program (social services, program specialists, education staff) make visits at different times in the course of the year, with at least three visits made to each home.

There are 45 classroom teachers and 45 classroom aides with an average of 19 children for every two adults in a classroom. Forty-two percent of the teachers and 29 percent of the classroom aides have CDA credentials. There is little staff turnover, with only 4 new classroom aides in 1985-86.

The staff of 184 includes 109 who were formerly Head Start parents. Four of the staff are current parents of Head Start children. The staff reflects the ethnicity of the clients it serves, being predominantly Black with a few White members.

The grantee's offices are situated on the main street of a small university city in the deep South. The spacious and attractive storefront

TABLE 1

PROGRAM G FACT SHEET

HHS Region	IV
Area Served	Rural
Agency Type	CAA
Program Model(s) Offered	Std. Full Day
Total Funded Enrollment (Fall 1985)	871
Average Actual Enrollment (12/85-4/86)	870
Number of Children on Waiting List (Fall 1985)	78
Percent Enrollment by Age (Fall 1985)	
2-year-olds	0.2
3-year-olds	0.6
4-year-olds	41.2
5-year-olds	49.3
6-year-olds	8.7
Average Daily Attendance (12/85-4/86)	91.8
Average Monthly Dropout Rate (12/85-4/86)	0.1
Percentage of Eligible Children Served	
4-year-olds	44
5-year-olds	64
State- or City-Funded Pre-Kindergarten	No

building houses both the grantee staff and the Head Start Administrative Offices. The Head Start Director, Deputy Director/Business Manager, Secretary, Education Coordinator, Speech Therapist, Social Services Coordinator and Health Services Coordinator all work out of that office, traveling to the 13 Head Start centers in the surrounding counties. Some are an hour's drive away. Founded 19 years ago, the program is proud of its achievements in reaching out to poor families in remote areas. These families' needs for social and educational services had been largely unmet in an economically depressed state which has historically placed little emphasis on social services and whose welfare allotment for a family of four was $144 a month in 1985.

The Head Start Director, Deputy Director and Social Services Coordinator all felt encouraged by what they saw as a change in the way Head Start is regarded in the community. They felt it has moved in people's eyes from a "babysitting service" and a waste of money to being seen as having a strong impact on children and families in uplifting their condition. They feel that Head Start has had an economic impact on the area. Three years ago the university began bringing its child development classes to visit the program, which has also enhanced its prestige in the community. Early childhood education students now volunteer their services to the program. One measure of community regard is the increase in the number of in-kind contributions, which were valued at $266,924 last year, compared to $108,592 ten years ago.

Table 2 shows some basic community demographics of low-income families with 3- to 6-year-old children in the area served by Program G, based on 1980 census data. The income distribution of the counties served by Program G indicates that this is the lowest income area of any of the case study programs. The income distribution of enrolled families

TABLE 2

PROGRAM AND COMMUNITY DEMOGRAPHICS

PROGRAM G

A. Income distribution of families with 3- to 6-year-old children

Income Level	Percent of Population	Percent of Enrolled Children
$4,000 and under	13.2	50.1
$4,001 - 8,000	17.0	34.3
$8,001 - 11,000	13.2	10.7
$11,001 - 13,000	7.4	2.7
$13,001 and over	49.2	2.2
B. Percent receiving public assistance:	10.2	51.6
C. Racial/Ethnic Distribution		
Race/Ethnic Group		
White	35.7	0.7
Black	62.6	99.3
Hispanic	0.0	0.0
Asian	1.2	0.0
Native American	0.6	0.0
D. Percent single-parent families:	36.0	66.9

E. Employment Status of low-income population

1. Single-parent families

Percent employed:	48.4

2. Two-parent families

Percent both employed	27.5
Percent one employed	37.4
Percent neither employed	13.8

indicates that the program is enrolling families primarily from the lowest level of its target area population.

Section C of Table 2 compares the racial/ethnic distribution of children enrolled in the program with the distribution of 3- to 6-year old children of low-income ($11,000 or less) families in the program's approximate service delivery area, based on 1980 census data. Although the census data are several years old, and although the census area used for this analysis includes some areas outside of the program's immediate service delivery area, it appears that there is a substantial proportion of White families in the area who are not being reached by the program. The percentage of single-parent families enrolled in the program (66.9) is much higher than the percentage among low-income families with children aged 3-6 in the counties served by Program G. The census bureau's employment statistics confirm the high level of need in this area.

Head Start Program staff members reported that there have been fluctuations in birthrates, and shifts in the location of eligible families the past several years. They also reported some increase in working parents and in family income but not enough increase to enable families to move out of poverty. There are also more handicapped children in the program now. Staff attributed that partially to a change in parental attitude toward the handicapped. That is, parents are more willing to admit that a problem exists and to seek help; there is less stigma attached to having a handicapped child. Staff also reported an increase in Black families in the four-county area as well as a number of rural poor moving to federally subsidized housing in cities or towns.

The other childcare agencies also reported population shifts resulting in what one director called "a shift from rural poverty to urban poverty."

The director of the daycare agency, a former Head Start teacher, said that the medical needs of the eligible population in terms of impetigo and worms are not as severe and extensive as before. She also felt that better housing and jobs are available to poor people now than four years ago. All respondents felt that the types of problems and needs of Head Start-eligible families had not changed a great deal over time. Even with higher salaries, the problems of trying to survive and the difficulties brought about by lack of education and resources remain significant. Family problems mentioned included child abuse and drug and alcohol problems. However, the Head Start staff stated that more attention is being given to these problems than in the past. The Social Services Coordinator also reported an increase in teenaged pregnancies in the community.

A church-based daycare center in one of the counties reported providing childcare, nutrition, transportation, and attention to medical and dental needs of the families her program serves. The program had 30 Title XX daycare slots, three of which were vacant at the time of the visit. They were also serving three other families who were paying fees. The director felt that most of the childcare needs in her town were being met either by Head Start, childcare agencies or by relatives caring for children. She said, "Some children from dilapidated houses are walking the streets uncared for, some of school age, some younger." She was unable to estimate the number but felt there were a lot of them out in the rural areas in the county. The daycare agency in the city where the Head Start offices are located provides a variety of services to children aged 2 - 13, including a preschool reading and math readiness class, music, daycare, language instruction (Arabic), and an evening study hall. The program provides services on a sliding scale to families below USDA income scale and for $25 a week to those over income. The director felt that the need for academic assistance for children and childcare for teen-aged parents was going unmet.

The third agency interviewed provides services in a nearby city also served by the Head Start program. The program serves 2- to 6-year-olds, providing them nutrition services and a curriculum including reading and math readiness. The director felt that the childcare needs of the community were being met.

Head Start staff explained that many grandparents or other relatives live near enough to help care for children while parents work. This may explain the apparent contradiction between the large numbers of unserved eligible families and the perception of those interviewed that most childcare needs were being met.

Community Needs Assessment Process

The Head Start program reported doing a needs assessment every three years with continuous updates. The Social Services Coordinator places newly acquired information regarding business, industry, and services in a file which is readily at hand when the program is ready to do the complete needs assessment. In doing the needs assessment, staff gather community information by questionnaire from community agencies, contact state agencies, such as the Research & Development Center in the capital and the local Chamber of Commerce for statistical data. The latest community needs assessment report used data from these sources as well as from a door-to-door survey of target area families conducted by the Head Start program in 1984. The needs assessment reported on family characteristics, including ethnicity, heads of household information, employment, and welfare utilization as well as characteristics of children aged 0 - 6, childcare needs and family needs.

Needs assessment data are used to locate the families most in need of Head Start services and provided the reason for recently moving a classroom site from one town to another. Staff also reported using the information to determine the number of eligible children within the four counties served and the type of model to be offered. The latest needs assessment showed a need for a classroom in another area, but the program has been unable to provide it due to lack of funds. The program staff reported that whenever the program has been unable to provide what is needed it has been due to lack of funds.

Recruitment Process

The major responsibility for recruitment activities lies with the Social Services Director. Activities are carried out during the month of January for the program year that begins the following September. The following chart depicts the program's recruitment process.

Activity	Time Period	Place
Notices that Applications will be taken - TV*	January	Two area TV stations
Newspaper ads	January	Four newspapers serving the 4 counties
Handbills	January	Churches, public places
Radio	January	Area radio stations
Door-to-door Applications**	February	4 counties

*Considered least effective
**Considered most effective

Going door to door with program applications was considered a vitally important activity by the Social Service Coordinator. He explained that in order to reach the most needy families, family service workers needed to go out and talk with people and to explain to them that they must provide documentation of family income, their child's immunizations, and the child's birth. He said that families often need assistance in getting birth certificates and immunization records due to their lack of education and understanding of how systems work. Both the Social Services Coordinator and the Program Director reported that there has been a concern on the part of the regional office about going door to door, possibly thinking that they were not going into the White areas to recruit. They reported that they have approached both Blacks and Whites in the door-to-door campaign and consider it well worth doing even if there are, as the Director put it, "certain racist reactions." The notices broadcast on television were seen as the least effective recruitment strategy because target families reportedly do not watch at the time public service notices are shown.

Cooperation/Coordination With Other Agencies

In discussing coordination and cooperation with other agencies, Head Start staff members reported that they regularly send letters to other agencies asking for referrals. Agencies include the Department of Health and Human Services, the State Board of Health's crippled children's services, and the regional mental health agency. The letters list Head Start services and income guidelines, and invite agencies to visit Head Start centers. The Social Services Coordinator reported that the welfare department is really the only agency that provides referrals, although a few may come from the Department of Mental Health. Head Start staff members report that it would be difficult for them to refer children to other childcare agencies because these might have a fee, and people would feel they were "shifting them off to another agency." The Director explained that for this reason Head Start would not refer families to other childcare agencies unless the families were above income guidelines.

When asked about staff perceptions that the program received relatively few referrals, the program staff explained that people in social work positions in the state are often political appointees with no social work training and experience. It appears that a Black-administered, predominantly Black program might not be considered for referrals by other agencies, particularly if the needy family were White. It was also reported that large numbers of needy Black families in that state go unserved because their needs are not a priority to the social workers just described. The program currently has only six White children. Staff reported informally that at one time when they had a White classroom teacher there were more White children in her class and that it appears some White families are uncomfortable with having their children in a predominantly Black classroom.

The directors of all three other childcare agencies interviewed were Black. They reported referring income-eligible families to Head Start if their programs were unable to accommodate them or if the children were handicapped. These agencies also reported that they did not receive referrals from other social service agencies in their areas. One childcare agency reported receiving one or two referrals from Head Start each year. A second said her program had some children in it who were also in Head Start and that she had recently worked cooperatively with Head Start to meet the needs of a child thought to have emotional problems.

Enrollment

Criteria for enrollment include income, handicaps, welfare recipients, age of children (with priority given to 5-year-olds), family size, single parents, and family instability. When it comes time to select children for enrollment, a Screening Committee meets. This committee includes members of the Policy Council, social service workers, educational staff, and parents. The Social Services Director trains the committee on selection criteria and the screening process. Committee members then sort applications according to the selection criteria and rate each application according to a point system. Those children receiving the highest number of points are selected for enrollment in September.

The Social Service Coordinator estimates that 92 percent of the families currently enrolled are in the "most needy" category but reports that even if the 8 percent currently over income were not being served, the kinds of needs seen would not change the nature of the program. He said, "Our families are still of the same educational level, class, and understanding of how to use resources and how to create a stable home." Thus, in addition to concerns around income, welfare, and handicaps, the Head Start program staff feels that family education, resources, and problems are important indicators of family need for Head Start. In many cases, the cycle of poverty, poor health and malnutrition, low literacy rate, and little help or hope for breaking that cycle make even over-income families in the area this program serves fall into the "most needy" category by most definitions. Since the program already considers itself to be serving the most needy, the staff feels there would be little effect on the program if more of the most needy were enrolled unless the nature of the needs changed.

The Social Services Coordinator reported that many of the lowest income families are late making applications and can't "get themselves together" to get their children's birth certificates and immunization records even with assistance from the staff. This affects the program's ability to serve these families and results in slots going to those who may qualify but be somewhat less needy. Some families appear to need more help from the program in completing application requirements prior to selection so that they may be considered for enrollment when program vacancies occur.

The length of the waiting list varies from center to center with some centers having no waiting list at all. The total across the seven centers was 78 families in September 1985. The shortest center list had 8 families on it, the longest 52. Waiting list children are listed according to the number of points given them by the selection committee and are called in the order they appear on the list. Waiting list families were less needy than enrolled families in terms of income. The median income of enrolled families was $3,000-$3,999 as compared to a median of $5,000 - $5,999 for waiting list families. However, in all other indicators of need, there was very little difference between enrolled and waiting list families. There were no over-income families on either list. About half the families on each list were on public assistance, and there was only a slight difference in the percentage of single-parent families. Nearly 67 percent of the enrolled and 64 percent of the waiting list families were single-parent families. The family size of enrolled families was slightly larger, but there was little difference in the educational levels or employment levels of the enrolled and waiting list mothers.

Waiting list children were considerably younger than enrolled children, with only 12.8 percent of them being 5 years old, as compared to 49.3 percent of the enrolled children. There was a much higher percentage of

4-year-olds on the waiting list, 75.6 percent, compared to 41.2 percent 4-year-olds among enrolled children. This is explained by the fact that the program currently gives priority to 5-year-olds since there is no kindergarten program in the state.

In 1986-87, the state is to institute kindergarten programs to serve all children who are 5 by September 1. Staff members report that this will mean that Head Start will be serving more 4-year-olds in the future.

Perhaps because of the great need for Head Start services in its catchment area, the program rarely recruits families who then decline to enroll their children. Change of location, the need for full-day childcare, or a decision to place a child in kindergarten are the reasons families cite for declining to enroll their children. The Program Director said, "Families don't have a lot of resources available to them, so we are their last or only resort. Few actually decline." The program favors enrolling children right up until the last month of class, according to the Social Services Coordinator who said, "If they can get 30 seconds of training, that's good for them."

This program has relatively few physically handicapped children, 61 out of 871, and only 26 parents with health problems. However, the degree of poverty is indicated by the fact that 424 families (374 single-parent families and 50 two-parent families) are currently receiving some form of public assistance, even though 314 mothers (171 single, 143 married) are employed and 193 fathers in two-parent families have jobs.

Attendance and Attrition

Each Head Start center keeps records of the total enrollment, total number of daily absences, number of children absent for three or more consecutive days the previous week, and a record of contacts with families whose children had three consecutive absences. Each month, every center prepares a monthly administrative report detailing attendance data, new enrollments and dropouts as well as information on nutrition, social services, parent meetings, needed building repairs, needed support, suggestions for improvement in services and details of center problems. The program does not have excused absences; they just do a daily count, following up with the family after the third consecutive absence, according to the Education Coordinator. Their attendance rate for the 5 months surveyed for the study was 91.8 percent, a reported improvement over that of the last few years due to staff stressing the importance of attendance and doing a thorough job of following up on absences.

The program will theoretically carry a child up to 30 days if the absence is for a good reason, however staff reported that they have never had a child absent that long. Should a program slot open up, the center staff would move to fill that vacancy immediately, within less than five days. Staff reported having few dropouts after December and taking new children as late in the year as it is feasible for the child to still receive benefit from the services -- at least until early April. Most dropouts only occur when a family moves from the area. This usually happens because the family is looking for employment or for better jobs or housing. One staff member said, "This state being the bottom of the totem pole as regards education and employment would be the reason to leave." Out of the thirteen centers, however, there are reportedly only 5 or 6 dropouts all year with some centers never having a dropout. During the December to April period, there were 6 dropouts, a rate of 0.7 percent. Six new families were enrolled during that time to replace them. All dropouts were due to families having moved from the area.

Observations and Conclusions

Although only able to serve about 44 percent of the 4-year-olds and 64 percent of the 5-year-olds according to the estimates made by this study, the program's direct recruitment efforts enabled it to enroll income-eligible families for 100 percent of its program slots and to maintain that enrollment throughout the year. A high attendance rate also indicates that the needy children are actually receiving the services offered.

The level of need of enrolled and waiting list families appeared to be comparable except that program staff indicated that some waiting list families were late registering because even with the assistance of Head Start, they had difficulty meeting the documentation requirements. If such families are, as staff indicated, more needy than those who completed their requirements, perhaps additional help is needed to ensure that all applicants have completed the requirements for enrollment prior to selection. The only way the program could serve a higher percentage of the eligible families in its catchment area would be to expand the facilities -- a move that would require additional funding.

PROGRAM H CASE STUDY REPORT

The Program and Community

Operated by a Community Action Organization, this Head Start Program serves low-income children and families in three communities in the county; services in one additional community are provided through a delegate agency. The county, with 21 municipalities ranging from affluent suburbs to busy inner cities, has a total population that exceeds 500,000. About 80 percent of the population is Black, 8 percent is Hispanic, and 12 percent White and other groups. The Head Start program serves low-income families in three communities through the grantee, and in the township through a delegate agency. The highly industrialized nature of this area is obvious from the smokestacks and factories visible from the maze of highways one encounters upon leaving the nearby airport. The major industries are manufacturing, construction contracting, financial/insurance, real estate, small services, communications and utilities. There are a total of 11,777 businesses employing about a quarter of a million workers. In recent years a number of major employers have either moved away or reduced their labor force in the county, contributing to a 10 percent unemployment rate. The Head Start Director characterized the area's population as highly mobile, resulting in the need for constant recruiting by the Head Start staff.

The Head Start Director's office is located at the grantee offices, which also house a day care center, some 20-30 minutes' drive from the Head Start centers. Funded for 177 children, the program has a current actual enrollment of 153 at the time of the site visit, and an average enrollment of 152 for the period December 1985-April 1986. There are two full-day classrooms and three classrooms providing double sessions. The program

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reduced the number of full-day classes a number of years ago in response to the realization that, since there was not a large number of working parents, it could serve more families by enrolling children for half days in double sessions. The program also operated a home-based program for a year, but found it was not meeting family needs. Table 1 summarizes this basic information about the program.

Table 2 shows some basic community demographics of low-income families with 3- to 5-year old children in the area served by Program H based on 1980 census data. The income distribution of the communities served by Program H indicates a smaller proportion of low-income families than is true for most of the sites in this study. The income distribution of enrolled families indicates that the program is enrolling families from the lower end of the low-income population in the community, with a third of the families earning less than $4,000 per year.

Section C of Table 2 compares the racial/ethnic distribution of children enrolled in the program with the distribution of 3- to 5-year-old children of low-income ($11,000 or less) families in the program's approximate service-delivery area, based on 1980 census data. Although the census data are several years old, and although the census area used for this analysis includes some areas outside of the program's immediate service delivery area, it appears that the program enrolls a higher proportion of Black families (69.4 percent) in relation to the population proportion (41.7 percent). It may be that there is a higher proportion of Black families at the lower level of the income distribution, even among low-income families. The percentage of single-parent families enrolled in the program (79.4) is higher than the percentage among low-income families with children aged 3-5 in the community served by Program H (56.4). Employment statistics from

TABLE 1

PROGRAM H FACT SHEET

HHS Region	II
Area Served	Urban
Agency Type	CAA
Program Model(s) Offered	Std. Full Day Double Session
Total Funded Enrollment (Fall 1985)	177
Average Actual Enrollment (12/85-4/86)	152
Number of Children on Waiting List (Fall 1985)	0
Percent Enrollment by Age (Fall 1985)	
3-year-olds	58.8
4-year-olds	41.2
Average Daily Attendance Rate (12/85-4/86)	65.6
Average Monthly Dropout Rate (12/85-4/86)	1.3
Percentage of Eligible Children Served	
3-year-olds	30
4-year-olds	19
State- or City-Funded Pre-Kindergarten	Yes
Number of 4-year-olds enrolled	468

TABLE 2

PROGRAM AND COMMUNITY DEMOGRAPHICS

PROGRAM H

A. Income distribution of families with 3- to 5-year-old children

Income Level	Percent of Population	Percent of Enrolled Children
$4,000 and under	7.9	33.7
$4,001 - 8,000	7.0	43.3
$8,001 - 11,000	5.3	11.5
$11,001 - 13,000	2.5	7.1
$13,001 and over	77.4	4.5

B. Percent receiving public assistance:	9.0	75.2

C. Racial/Ethnic Distribution

Racial/Ethnic Group		
White	39.1	13.9
Black	41.7	69.4
Hispanic	17.3	16.0
Asian	0.6	0.7
Native American	0.6	0.0
Other	0.6	0.0

D. Percent single-parent families:	56.4	79.4

E. Employment Status of low-income population in the community

1. Single-parent families

Percent employed:	22.7

2. Two-parent families

Percent both employed	14.7
Percent one employed	77.9
Percent neither employed	7.4

the 1980 census show an unusually high unemployment rate among single-parent families.

Fifty-nine percent of the enrolled children are 3-year-olds and 41 percent are 4. Eighty percent of the families are single-parent families, which have an average of two children each. Seventy-five percent of the families are receiving public assistance (AFDC), 27 percent of the mothers are employed, either part-time or full-time, and 55 percent of the mothers are estimated to be Head Start graduates. The program estimates that about a quarter of the mothers were under the age of 18 when their first child was born. The racial ethnic group distribution of enrolled children is 14 percent White, 69 percent Black, 17 percent Hispanic and less than 1 percent Asian, roughly paralleling the ethnic proportions in the area.

The program employs 27 full-time and 6 part-time staff. Eight of the staff are Head Start parents. In addition to the Director and a Secretary, staff include an Education Coordinator, a Social Services Coordinator, a Parent Involvement Coordinator, Health Coordinator, Special Needs Coordinator, a Family Service Worker, a part-time Nutrition Coordinator and 14 classroom staff (6 teachers, 6 full-time teacher assistants and 2 part-time teacher assistants). The average classroom has 16 to 18 children for every two adults. Half of the classroom teachers have college degrees in early childhood education; none of the teachers or aides has the CDA Credential. Five of the 14 classroom staff (teachers and teacher assistants) are new this year. In discussing staff turnover, the Head Start Director pointed out that it has become increasingly difficult to retain qualified teachers because of the higher salaries paid by the public schools for teaching in their pre-kindergarten program.

Community Needs Assessment Process

The New Jersey program conducts a community needs assessment every three years, and does an annual update. Much of the information comes from other agencies in the community -- daycare programs (number of slots, number enrolled, etc.), superintendent of schools (number of children eligible for free lunch program), mayor's office, health departments. The state welfare department provides statistics on the number of preschool-age children in AFDC families. When she first came to the program six years ago, the Director found it difficult to keep informed about the needs of the community, but now that she has had the time to build good relationships with various community agencies, it is much easier to be knowledgeable about community needs.

In addition to a trend toward increasing numbers of younger children in the communities served by Head Start, recent community needs assessments have shown a large number of single-parent families, growing numbers of children in foster care, an increase in the number of parents entering training programs (e.g., JTPA), and an increase in the number of handicapped children with developmental delays (gross and fine motor) and children with social and emotional maladjustments. There is a critical need for subsidized housing in the communities served by the program, and the target areas containing income-eligible families are shifting, creating some difficulties in serving those families due to the problems in locating affordable facilities. The characteristics of parents are changing: they are becoming younger; many teenagers are becoming parents; and an estimated 45 percent of the parents are functionally illiterate, to the point where they need extensive help in completing program applications. The racial/ethnic composition of the target communities has been changing also, with increasing Hispanic (Cuban, South and Central American), Haitian, and European (e.g., Portuguese) populations. An increase in the number of illegal aliens has complicated both needs assessment and recruitment and enrollment activities due to the lack of birth, health and income records.

The results of the community needs assessments have been used for program planning, such as identifying the kinds of help families will need. One of the major uses of the community needs assessment recently has been to demonstrate the need for more programs for 3-year-olds. Data obtained for this study indicate that 70 percent of the eligible 3-year-olds are not being served by either Head Start or the public preschool program. The population shift to increasing numbers of younger children in relation to the total population of preschool-age children mentioned above is occurring at the same time that the public schools are increasingly competing for eligible 4-year-olds.

This is the first year in which a full-day program has been offered. In two of the communities the full-day program was instituted because over the past two years Head Start had been losing children to full-day daycare programs. When asked why the entire program was not full-day, the Social Services Coordinator noted that the need did not exist to that extent in the community.

Needs assessments have also been used by the program for determining areas to target recruitment activities. The social services coordinator uses a street map of the communities served with specific neighborhoods marked as having concentrations of eligible families. Information that has enabled staff to target house-to-house recruitment has been the must useful outcome of the community needs assessments. Community needs assessment data are not used for altering enrollment criteria because as the Director stated, if families are in need, they are in need. The information on other agencies' services, however, is useful for avoiding duplication of services.

Recruitment Process

The Director, Social Services Coordinator and Family Service Worker provided their perspectives on recruitment. The basic strategies include handing out flyers through the city recreation departments, putting up posters around town, ads in the Yellow Pages, notices in the Head Start newsletter, inserting flyers in letters that go out from the Welfare Department, a booth at the local health fair, word-of-mouth, referrals from other agencies and door-to-door canvassing. Recruitment literature is printed in English, Spanish and Haitian Creole. The Family Service Worker participates in the door-to-door recruitment, taking along flyers and a "recruitment survey" for recording information on area residents. She is accompanied by a parent who speaks Haitian Creole and French. Some of the neighborhoods are extremely "run down," making it increasingly difficult to get volunteers to do the door-to-door recruitment.

The personal contact provided by the door-to-door activities, however, is seen as one of the most effective recruitment strategies. The other activity that has proven to be effective for this program has been the insertion of flyers in Welfare Department envelopes, with tear-sheets that can be returned to the program. Radio and TV announcements are seen as least effective, and only two or three families learn about the program through newspaper ads. Fliers have limited effectiveness because so many parents have difficulty reading.

The annual recruitment process, under the direction of the Social Services Coordinator, begins in January with the distribution of flyers, and door-to-door recruitment takes place in March and April. The Parent

Involvement Coordinator is also involved, and attempts are made to use parent volunteers to help with door-to-door recruitment (six parents have been involved this year). Once a family expresses interest in enrolling a child, a registration appointment is made and the family is guided through the application process, proof of income is established, health records are obtained and parents are informed about additional information needed for enrollment.

When asked about targeting program recruitment efforts, the Social Services Coordinator reported that they were mandated to recruit from the most needy areas of town, as designated by the census information. In fact, she said, in one community the city office was unaware of pockets of poverty identified by the Head Start program. The door-to-door recruiting referred to above is specifically set up by city streets to cover the areas where the greatest need exists. "We are definitely recruiting the most needy," the coordinator said. The Family Service Worker, herself a Head Start parent, felt that all the Head Start-eligible families in their target areas knew about the program.

This year the program has been experiencing some difficulty in achieving full enrollment. This is attributed, in part, to the "competing" childcare programs that attract Head Start-eligible children. In particular, the public schools in New Jersey offer a pre-kindergarten program and interviewees reported that they are increasingly finding parents who prefer a preschool program that is under the auspices of the public schools, partly for the presumed advantage it might provide their child upon entering kindergarten. There was also some feeling that recruitment staff might need to work a little harder under these circumstances in order to fill all the program's slots.

Estimates obtained for this study show that Head Start is serving about 19 percent of the eligible 4-year-olds in its service delivery area. When Head Start and public school pre-kindergarten program enrollments are added together, however, the picture changes dramatically with virtually all of the 4-year-olds being served. Only 30 percent of the 3-year-olds are being served, however.

Although the Director and the Social Service Coordinator keep "on top" of all recruitment activities, there are no systematic records kept of the dates, frequencies or extent of each type of activity (e.g., door-to-door canvassing, mailings, ads, etc.). The effectiveness of various recruitment activities is evaluated through staff discussions of what has happened throughout the recruitment period. The records that are maintained on each family include information on how the family found out about the program. About 36 percent of the families enrolled in the fall of 1985 were directly recruited by the program, 54 percent initiated contact themselves and 10 percent came through referrals from other agencies.

Cooperation/Coordination with Other Agencies

The Head Start Director estimated that between 5 and 10 percent of enrollment comes through referrals from other agencies, and that this represents an increase over previous years. Referrals come from the Division of Youth and Family Services (DYFS) -- the child protective services -- if the child has had social and emotional adjustment problems, from AFDC, the city health departments, the local boards of education and Catholic community charities. DYFS referrals have priority (depending on the total family needs), but the program doesn't specifically "reserve" a certain number of openings for referral enrollments.

Head Start has excellent relations with other agencies largely because of the long-term involvement of the Director and the Social Services Coordinator going back twenty years. (For example, the Social Services Coordinator has been president of the Protective Services Council for the past two years.) Through her and the Director's participation in Board of Education meetings, city council meetings, Protective Services Council and so forth, these agencies have become highly aware of Head Start so that "referrals become easy."

Head Start also refers children to other agencies -- a number equal to about 20 percent of the Head Start enrollment is referred each year. This includes referrals for welfare benefits, protective services, the public schools' preschool handicapped program and to daycare providers with Title XX slots. (Families who are over-income as far as Head Start is concerned, may in some cases, qualify within the sliding scale of Title XX.)

One of the other agencies providing a form of child care in one of the Head Start communities (a half-day program operated by the city recreation department) reported that it did not refer children to Head Start. The supervisor of this program currently perceived Head Start as limited to certain kinds of families (whereas the recreation department accepted children from families of all income levels) and incorrectly saw Head Start as "filled up." The director of Community Coordinated Child Care reported that her agency referred families to Head Start if they did not need full-day care. In commenting on ways of meeting community needs, she expressed a desire to see more sharing of resources (such as space and leadership) between Head Start and other agencies, for example, to pilot extended-day Head Start services. Unfortunately, Head Start does not have the space or resources to meet such needs.

Enrollment

The grantee has a systematic process for selecting children into the program. After the applications are completed and various information on the family is documented (e.g., type of family, income verified, public assistance received, medical and psychological needs assessments, and so forth), the Selection Screening Committee meets to review and prioritize the applications. This is done by assigning points to each family based on the following criteria

- Family income -- basic federal criterion, no points given if within guidelines; one point subtracted if over-income but within USDA guidelines. If a choice has to be made between two families with the same income, the length of time they have been at that income level is considered.
- Age -- Priority given to the older 4-year-olds; no points given for applicant's age; first all 4 1/2-year-olds are screened, then all 4-year-olds, then all 3 1/2-year-olds, and so forth.
- Disabled -- Disabled children take priority over able bodied children. Degree of disability is of no concern.
- Stress -- Each stressful situation is given one point (a given family may have more than one); this is an area that requires individual interpretation. Examples of family stress include having an abused or neglected child, having a disabled family member, foster child, over-crowded living conditions, one-parent family and drug or alcohol abuse. Referrals from DYFS (children's protective services) take priority over other applicants.

The Selection Screening Committee is made up of the following individuals:

- Two Head Start parents
- One Head Start grandparent
- Head Start Director
- Head Start Social Service Coordinator
- Head Start Parent Involvement Coordinator
- One Head Start teacher
- One Head Start assistant teacher
- Three non-program members (a social worker, lay therapist and a representative from a local service agency).

Each member of the Selection Screening Committee independently reviews each application and assigns points. Then the committee makes a joint decision about each child/family. Three of the staff interviewed serve on this committee and all felt that this process essentially defines what the "most needy" families are. As the Director expressed it, all the families in the program are "most needy." She also pointed out that need is affected by the context, and since there is no other program that can provide the services Head Start does, all the families are needy. The Social Services Coordinator explained that if the family is needy in financial terms and has problems, she believes that the children will be those most in need of the program. On the other hand, she believes that all children can potentially benefit from Head Start, so long as there is a good educational curriculum, parent involvement and health and social services.

Family needs are also taken into account when assigning children to one of the two program options (full-day or part-day). If the parents are in a training program or working, children can attend the full-day program. If the parents are not working, are working part-time or working at night, children are placed in the half-day program. The half-day program operates as a double session, with a morning session from 8:30 to 12:00 and an afternoon session from 1:00 to 4:30. Children who live close to the center are enrolled in the morning session (depending upon the parents' schedule) and those who live further away attend in the afternoon.

When asked what they thought might be the impact on the program if their enrollment had a greater proportion of the "most needy," the Family Service Worker felt that it would place more demands on the staff and that, perhaps, they wouldn't be able to serve as many children as they do now (without increasing staff and resources). The Social Services Coordinator, however, felt that this would have no effect on the program, since they are already enrolling the most needy families. There are rare occasions when an eligible child would not be enrolled, but this would happen only if the child had a behavioral or emotional problem that caused him or her to be dangerous to others, or if the child's handicap were such that the child would benefit more from another type of setting. In those cases, the child would be referred to another program (e.g., to the New Jersey pre-kindergarten handicapped program where there is a teacher-child ratio of 1:8).

The program places no official limit on the number of years that a family can continue to enroll its children. But, the Social Services Coordinator explained, Head Start would take a close look at a family that had several children in the program to see if the family really continued to need Head Start. In reality, there is a very small number of families in this situation.

On occasion, families are recruited for the program who subsequently decline to enroll their children. Head Start staff said that there are a lot of different reasons for this -- some parents feel there's too much paperwork involved, some don't believe children should receive shots, some resist the psychological separation from their child, some feel the program is not "Christian enough," some don't like the prospect of "burdensome" parent involvement, some decide to enroll their child into another program (particularly full-day care or the public school program) and some move away between the time of application and selection. The Social Service Coordinator felt that one characteristic of the families who decline to enroll their children is that some are from different cultures and view Head Start's efforts to help as prying into internal family affairs. The Director saw an additional reason -- some families are simply so worried about the basic necessities that they can't handle worrying about sending their children to Head Start.

When there is no more room for eligible children in the program, their names are placed on a waiting list. Typically, the waiting list consists of three types of families: (1) those whose children are not yet three, (2) those who have completed all documentation required for the application process, and (3) those who have made application but don't have all their documentation completed (birth certificate, inoculations, physicals, etc.). At the time of the site visit, there was no waiting list and the program was under-enrolled. During the period December 1985 to April 1986, the program's actual enrollment averaged only 85.9 percent of its funded enrollment level.

Attendance and Attrition

Attendance records are kept at each center and maintained by the child's teacher. Information is recorded on monthly sheets that show the number of children in attendance for each day of the month. This format makes it easy for staff to see when a child has had a number of consecutive absences, but there is no separate record of consecutive absences or documentation of reasons for excused absences and follow-up actions. The Head Start Director pointed out that these problems with the forms have lead her to seek to use the new federal form.

Although the program has never counted excused absences as "present," staff does keep track of them, using the 1979 Federal Register criteria: transportation problems, weather, illness and other family circumstances such as death, fire, incarceration. The Director estimated that the monthly attendance rate averages 80-90 percent, but that it gets worse with bad weather.

For the period surveyed, the program's average attendance rate was only 65.6 percent. Attendance was adversely affected by transportation problems in the month of January. A staff vacancy resulted in there being no transportation for one of the centers during the week sampled by the study. In February a holiday and a now day affected the attendance rate. Even in March and April, however, the attendance rate averaged between 73 and 75 percent of actual enrollment, so the program clearly had attendance problems which were not being effectively addressed

In recent years, childhood illnesses have increased, negatively affecting attendance. In part, this is attributed to recent Haitian and Central American immigrants. In some cases high absenteeism is attributable to the parent's attitude -- there are some who are not highly motivated to get their children ready in the morning, and seem to view Head Start as a convenience for them rather than a real necessity for their children.

When overall attendance is low, the reasons are investigated and accommodations made if possible. The situation may require, for example, changing a bus route or obtaining winter clothes and shoes for a child.

Children with attendance problems are not dropped, but worked with. The teacher makes personal contact with the families, and the program attempts to provide additional support as needed. In some cases, "these are the families who need the program the most," the Director explained. If after two months there were no improvement in the attendance situation, they would consider dropping the family, but only after every attempt had been made to find a way of meeting that family's needs.

Two main reasons were cited for families dropping out of the program. The first is moving away from the area; the second is needing more hours of childcare. There seems to be an increase in the need for more hours of childcare. Although the program staff are concerned about meeting these needs, they also believe that Head Start should not become just another daycare center. Where possible, they will accommodate parents by enrolling children in the full-day program, but they have also on occasion had to refer parents to other programs for daycare. Attrition is believed to be highest right after Christmas and just before closing in the spring.

There were 10 dropouts and 18 new enrollments over the five months examined for the study, an average dropout rate of 1.3 percent per month. Four of the dropouts were at the parent's request. In one instance, the parents had both taken new jobs, one working nights, the other days. They felt the child should be at home to avoid added stress on the family due to conflicting schedules. In another case, the family had personal health problems which it did not wish to share with the Head Start staff. In a third case, the parent decided not to send the child back to the program after an illness, and in the fourth case the reason given was "parent changed her mind."

The reasons were different for each of the other six dropouts. One family moved, another had a transportation problems, another had a child with a long-term illness and reportedly had a conflict with a staff member over the problem. One parent had scheduling problems, another transferred to the preschool program. The parent with scheduling problems also had not provided documentation of immunizations. This was also the case in another instance. Both of these families were dropped by the program for their failure to comply with a federal requirement. This raises question concerning the amount of assistance provided by the program to families in getting their immunizations, particularly since staff reported that in the past families on the waiting list had not been enrolled because they had not completed admission rquirements such as immunizations.

As slots open up, new families are enrolled up to the end of March (the program continues operating until the last week in June). The Education Coordinator feels that bringing new children into the classroom beyond this date would be disruptive and not much learning would occur.

Observations

This Head Start program is facing a number of challenges in the areas of recruitment and enrollment. Extensive efforts are expended to recruit families into the program and yet the program still has openings. Among the families who are enrolled, attendance rates are consistently below the expected 85 percent level. Four issues came up in the interviews with program staff and representatives from other agencies. First, the state-supported pre-kindergarten program appears to be enrolling increasing numbers of Head Start-eligible children who previously would have attended Head Start. Staff members feel that this has a definite effect upon Head Start enrollment. In fact, public school pre-kindergarten enrollment figures indicated that in 1985-86 the schools were enrolling 2.5 times as many Head Start-eligible children as Head Start was. All together, it is estimated that 88 percent of the eligible 4-year-olds are being served in either Head Start or the public schools. Only 30 percent of the 3-year-olds are being served, however. With such a sizeable competing public school program in the area, Program H might need to consider expanding its service delivery area or serving an even higher proportion of 3-year-olds.

A second issue Head Start staff continually cope with is the increase in incidence and severity of family problems, and particularly the increase in families with multiple problems, including illiteracy, substance abuse, spouse abuse, inadequate and unsanitary housing, incarceration, and so forth. These problems exacerbate the inherent difficulties of being unemployed and poor. There does seem to be a trend toward increasing involvement of parents in training programs, and the program appears to be accommodating the current level of need for childcare through its mix of full- and part-day programs.

A third issue that surfaced during the interviews (which may be related to the increasing severity of family problems) is a perception on the part of several program staff members that parent attitudes are changing. There seems to be less interest among parents in the kinds of parent involvement in the program (classroom, Policy Council, volunteering to help with recruitment) that have traditionally provided solid support to Head Start programs.

A fourth issue has to do with facilities. A partial explanation for the recruitment difficulties and the under-enrollment may be the difficulty in locating centers to be convenient to the concentrations of eligible families. Space is very expensive in these communities. And the option of taking the program to the families does not appear viable -- a home-based option was employed one year when space was not available, and the response of the 17 families enrolled in it was not highly favorable.

These issues have an interactive effect on recruitment and enrollment. The presence of state-supported programs combines with decreasing motivation for parent involvement to make it easier for parents to enroll their children in the public schools programs. The salary schedules of the public schools make it increasingly difficult for Head Start to retain the kinds of staff that will give the commitment in time and energy to deal with increasing problems while receiving inadequate compensation. The individuals interviewed for this case study have that commitment and concern, but expressed frustration about the increasing difficulty of replacing other staff (e.g., a health coordinator).

Head Start is the only comprehensive childcare program in the county, providing services to both children and families. Considerable effort and rethinking of recruitment priorities, location of centers, and program responses to changing parental attitudes will be needed to meet its present challenges.

PROGRAM I CASE STUDY REPORT

The Program and Community

The Program I Head Start program is located in a red brick school building on the north side of a large Texas city. The school building was built in 1934 by the WPA, and an addition was built in the 1960's. Located in a decaying residential area, the school occupies an area approximately equivalent in size to a city block. The abutting streets are lined with trees, and grassy areas are well worn. The school playground is generously appointed with jungle gyms, brightly painted tires, a sand box and enough pedal vehicles for an entire class to ride around the rubber track. A sign over the front door, which has a handicapped access ramp, reads "Welcome to _______ School Head Start."

At the time of the site visit, Head Start had 20 classrooms richly decorated for Thanksgiving, including displays of children's work, bulletin boards composed by teachers, and classroom doors decorated with Pilgrims and turkeys. Pasted on each door was a list of all of the children in the classroom. Eleven of the classrooms were for Head Start classes, one was for the home-based center, four were for the new pre-kindergarten classes, and the remaining four were for special education classes. Head Start classes contained 20 children each; the pre-kindergarten classes 22 each.

Funds for the Head Start program flow through the County Community Action Program to the city's Independent School District. The grant funds 220 center-based and 24 home-based slots. Table 1 summarizes this and other program information. The program serves all of the county, but is targeted to the area surrounding the school, a predominantly Black neighborhood and the lowest income area in the city. Last year a proposal to

TABLE 1

PROGRAM I FACT SHEET

HHS Region	VI
Area Served	Urban
Agency Type	School
Program Model(s) Offered	Std. Part Day Home-based
Total Funded Enrollment (Fall 1985)	220 center-based 24 home-based
Average Actual Enrollment (12/85-4/86)	214 center-based 24 home-based
Number of Children on Waiting List (Fall 1985)	0[1]
Percent Enrollment by Age (Fall 1985)	
3-year-olds	7.8
4-year-olds	74.1
5-year-olds	18.1
Average Daily Attendance Rate (12/85-4/86)	86.8
Average Monthly Dropout Rate (12/85-4/86)	2.3
Percentage of Eligible Children Served	
4-year-olds	56
State- or City-Funded Pre-Kindergarten	Yes
Number of 4-year-olds enrolled	150

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[1] Program I did not maintain an official waiting list because the public school Pre-K program enrolled children while "waiting" for Head Start.

expand the program to serve another low-income area was not funded. Program enrollment is 24 percent White, 21 percent Black and 55 percent Hispanic. Almost half the families are single-parent families.

The Director of Head Start, a former kindergarten teacher, has been with the Head Start program for 20 years. For the past ten years she has served as the Director. The Head Start program has 42 staff, 37 full time and 5 part time. Sixteen staff were Head Start parents. Staff positions included Director, Social Services Coordinator, Parent Involvement Coordinator, Secretary, 11 classroom teachers, 11 classroom aides, 3 home visitors, 5 cafeteria workers, and 3 custodians. A Health Coordinator, a Health aide and the special education teachers are not paid for by the Head Start grant but provide services to Head Start children. Seventeen of the classroom teachers and aides have their CDA credential. Each of the 11 classrooms has at least one CDA staff person. Only one classroom aide was new to the program this year.

There are 40 members on the Policy Council; 29 of them are Head Start parents. Each parent fills out a form indicating how they would like to volunteer, and parent volunteers appear to be plentiful. During the month of October, 65 parents provided volunteer services.

The center-based program operates from 8:30 to 2:00, Monday through Friday from October 1 to May 31. Classroom activities are organized around five learning centers (science, homemaking, reading, etc.) where children can choose to work. All classrooms have bilingual staff; two are identified specifically as bilingual classrooms in which parents can choose to enroll their children. The bilingual classrooms are mostly Spanish. In the past, a bilingual classroom in Khmer (for Cambodian children) was also offered. The home-based program provides one weekly home visit during which home visitors work with parents on learning activities for their children.

Table 2 shows some basic community demographics of low-income families with 3- to 5-year-old children in the area served by Program I (based on 1980 census data). The income distribution of the community served by Program I indicates that a high proportion of these families are below the poverty level. The distribution of family income of enrolled families indicates that about 70 percent of them have incomes between $4,000 and $11,000. This roughly parallels the income distribution of the population in the area.

Section C of Table 2 compares the racial/ethnic distribution of children enrolled in the program with the distribution of 3- to 5-year-old children of low-income ($11,000 or less) families in the program's approximate service-delivery area, based on 1980 census data. Although the census data are several years old, and although the census area used for this analysis includes some areas outside of the program's immediate service delivery area, it appears that Program I is over-enrolling Hispanic children and under-enrolling White children in relation to their proportions in the eligible population.

The percentage of single-parent families enrolled in the program (42.2) is higher than the percentage among low-income families with children aged 3-5 in the community served by Program I (30.0). Employment statistics from the 1980 census confirm the high level of economic need in this area.

Interviews with the program staff and the director of a daycare center indicated that over the past five years there had been an increase in the number of working mothers, an increase in single-parent families (mostly households headed by women), an increase in teenage marriages and an increase in the divorce rate. The preschool-aged population was also increasing.

TABLE 2

PROGRAM AND COMMUNITY DEMOGRAPHICS

PROGRAM I

A. Income distribution of families with 3- to 5-year-old children

Income Level	Percent of Population	Percent of Program Enrollment
$4,000 and under	5.1	11.5
$4,001 - 8,000	10.6	36.8
$8,001 - 11,000	15.8	33.9
$11,001 - 13,000	11.0	11.0
$13,001 and over	57.5	7.2

B. Percent receiving public assistance:	2.4	21.0

C. Racial/Ethnic Distribution

Race/Ethnic Group		
White	62.5	24.2
Black	7.5	20.5
Hispanic	23.8	54.5
Asian	5.0	0.0
Native American	1.3	0.8

D. Percent single-parent families	30.0	42.2

E. Employment Status of low-income population

1. Single-parent families

Percent employed:	66.7

2. Two-parent families

Percent both employed	28.6
Percent one employed	64.3
Percent neither employed	7.1

Housing in the target area was poor. Several homes had been recently condemned and demolished. Community data indicated that available housing was crowded and much of it sub-standard. Some homes had no bathroom or kitchen. One family was seen outside in the winter cooking on a makeshift, oil drum grill.

Although the incidence varies annually, the Head Start Director thought there had been an increase in child-abuse during the previous year. The Director of the Day Nurseries confirmed the increase in child abuse and also identified an increase in wife abuse, sexual abuse and drug abuse in the community. The Texas Department of Human Resources provided data that confirmed many of the Head Start program's conclusions. The general population aged birth to 4 is increasing steadily in the county. AFDC case loads, child protective cases and the number of children in state-purchased daycare have all increased.

The daycare center visited was an attractive and modern facility built on land donated by a philanthropist. It was also located in the target area for the Head Start Program. In the backyard of the center, a group of men loitered in a lot strewn with liquor bottles. The week previous to the site visit, a man had been murdered in a fight in the lot next to the daycare center.

The current school year was the first year the state-mandated Pre-kindergarten Program was implemented. Before the Pre-K program, the length of the Head Start waiting list had been increasing. For the current year, most of the waiting list children were enrolled in Pre-K classes in the same school building. As slots in Head Start opened up, children were transferred from the Pre-K classes to the Head Start classes. As of early November, 3 children had been transferred into the Head Start program and no family had refused a transfer. Staff felt this was because Head Start could provide additional services not available through the Pre-K program. Population data obtained for this study showed that Head Start was serving about 56 percent of the eligible 4-year-olds in the catchment area. The state Pre-K Program and Head Start together were estimated to be serving 88 percent of those eligible.

Community Needs Assessment Process

The community needs assessment is "a November project" for the Head Start Director. She collects data annually from Title XX Daycare, the Independent School District, the Council of Governments and Head Start records and prepares the report on the "Standard ACYF form." The data is then reviewed with the Policy Council. The needs assessment also takes into consideration other services that are available for children and families in the community as well as services that are not available.

The latest needs assessment indicated a need for after-school care and additional daycare for middle income parents. The Daycare Center Director confirmed the need for daycare. Her center had a waiting list of over 720 families.

The needs assessment was seen as useful for program planning. The Head Start Director felt that the most recent needs assessment did not suggest any program changes. In addition, the needs assessment was not seen as useful to setting enrollment criteria since "the federal government sets enrollment criteria for us." The community had several unmet needs according to the Director of Day Nurseries. The most serious need was for additional daycare for low to middle income families. The Day Nurseries had originally planned for ten daycare centers in the area based on planning data. Only three had been funded. The program had a waiting list of 729 children as of October 1, 1985. The Director estimated that two or three hundred additional calls had been received from families who could not be placed on the already over-extended waiting list.

In addition to daycare needs, there is said to be a need for medical services for low-income families. Transportation is also reported to be a problem for families living outside of the public transportation area.

In general, the Director of the Day Nurseries felt that more money was needed to address unmet community needs. In some programs, there had been federal cuts in funding. Title XX had been level-funded over the previous 5 to 6 years while expenses had increased. Title XX did not allow for capital improvements or for the purchase of property to set up new centers. The Day Nurseries had been able to set up three of the ten planned centers because a wealthy philanthropist had donated land and money to build the first center. United Way also provided some support to the program. Two of the centers are run in donated church space. This sometimes means packing up everything at the close of business on Friday and reassembling it again every Monday morning before the children arrive.

Recruitment Process

The Social Services Coordinator chaired the recruitment team, which was made up of two teachers, two aides and a parent. The Parent Involvement Coordinator, a Social Worker and several additional parents participated in the distribution of recruitment materials. All parents were asked to let other families know about the program. The major recruitment activities conducted were as follows:

Strategy	Time Period	Place
Recruitment posters were distributed to all community agencies	April/May	County-wide
Radio, TV and Newspaper spots were featured	July-September	Local TV, radio and newspapers
Participation in Preschool Screening Program	August	Local shopping mall

Although recruitment flyers and ads mentioned only Head Start, the public schools Pre-K program slots were easily filled at the joint Preschool Screening Program held in August.

The staff interviewed thought that "word-of-mouth," particularly from Head Start parents, was the most effective recruitment strategy. "Parents know when their children receive good care, and other parents believe them when they recommend the program." The staff used to distribute letters to the pastors of all local churches but have discontinued this practice. Newspaper ads and articles were seen as the least effective recruitment strategy since the families eligible for Head Start were not likely to read newspapers. TV was seen as a more effective way to reach families. Staff believed the most effective strategies were the Preschool Screening Booth in the shopping mall and word-of-mouth from Head Start parents.

The parents who were interviewed during the site visit were Hispanic and had been actively involved in the Head Start program for four years. Their two older children had attended Head Start and during 1985-86 their third and youngest child was enrolled. They were serving as President and Secretary of the Policy Council and were actively involved in recruiting both formally and informally. "I tell everybody about Head Start," the mother said.

They saw word-of-mouth as the most effective recruitment strategy. "Not all families in the community know about Head Start. Most do, though, and it's from people telling people -- from word-of-mouth -- that the program has gained a lot of community support. In addition, Head Start does more for families than other agencies in this community."

This family had come to the city when the husband was transferred to a nearby Air Force Base. He had recently been commended at the Base for his active involvement in Head Start. When the family moved to the city, the couple looked in the yellow pages for the Head Start program. Both of them had been Head Start participants in New Mexico where they grew up, and they appreciated what Head Start had meant to them.

The Social Services Coordinator also visited other social service agencies in the community to describe Head Start services and provide descriptive literature. Her activities were partly considered a recruitment strategy and were partly used to compile a list of other services available in the community for a resource guide to Head Start parents which she had written.

Children recruited from April through August were enrolled in the program beginning October 1. Between the dates a family initially applied and the gathering of enrollment data, communication between the program and the family was initiated by both parties. The program made sure the families were obtaining the necessary documentation (a copy of the child's birth certificate, income verification and a record of immunizations). Parents often called to find out about their status. Parents received notices from the program regarding the dates of orientation sessions. Once a family was enrolled, family needs assessments were conducted.

Cooperation/Coordination With Other Agencies

Program I Head Start keeps in close contact with various community agencies. It also has letters of agreement with some agencies regarding referrals to Head Start. Staff of the various community services for young children generally belong to a local affiliate of the National Association for the Education of Young Children (NAEYC) and attend meetings regularly. Staff also attend functions at other community agencies. As a result of this interaction, cooperation and coordination are quite good. It was clear from talking with the Director of the Day Nurseries and observing part of a parent training session, that people who worked with young children in the city knew each other and knew about programs other than their own.

The Director of the Day Nurseries said that she had seen a lot of improvements in Head Start over the years. She said she had lost good staff members to Head Start teaching positions because the Head Start Program provided their staff with the same pay and benefits as teachers in the public school system.

The Head Start program receives referrals for about 10 percent of the non-handicapped children and 75 percent of the handicapped children enrolled. Referrals came from the following agencies:

Child Welfare
Day Nurseries (Title XX Day Care)
Health Unit
Mental Health/Mental Retardation
Independent School District
Regional Education Service Center (Intermediate School District)
Advancing Babies Chances

Head Start also makes referrals to other agencies. The Director of the Day Nurseries estimated that 25 referrals per year come from the Head Start program. Head Start also makes referrals to the following agencies:

Title XX Day Care
Public School Preschool Program
Mental Health/Mental Retardation
West Texas Rehabilitation Center (OT, PT)

About twenty children were referred for speech therapy during the previous year.

The Head Start program also benefitted from the availability of transportation from the local school system. Parents were responsible for dropping off and picking up their children at the nearest neighborhood elementary school. The Head Start program was also able to provide transportation to daycare centers for some children who attended an extended daycare program.

Enrollment

All children who enter the Head Start program are required to present immunization records and a birth certificate. Center-based enrollment requires that the child turn 4 years of age prior to September 1 of the entering school year. Children in the Home Start program are required to be at least three years old on or before September 1.

In the past, an administration selection committee met during the second week of August to review applications. The committee consisted of:

The Head Start Director
The Director of Handicapped Services
The Family Services Coordinator
The Parent Involvement Coordinator
The Nurse
The Secretary
A Parent from the Policy Council

The committee met once a year and ranked all of the applications that had been received.

Screening of all applications was done during the second week of August. Families with children that met the age eligibility and the federal income guidelines were considered during the application screening. Enrollment decisions were based mainly on lowest income among the applicants. In addition, several other criteria were considered. These included: severe medical problems, single-parent families, emotional crisis in the home (child abuse, recent divorce, death in the family), and limitations in English-speaking ability. Rather than ranking one criterion over another, the whole set of circumstances was considered. Lowest income families and families that needed the most services were given priority.

For the over-income families, first priority was given to handicapped children. If other over-income families were accepted, they were evaluated on the basis of medical bills, single-parent family status, emotional crisis in the home and need for English-as-a-second-language services.

By applying the criteria of lowest income and considering the other factors, the program attempted to serve the most needy children and families. Staff estimated that between 15 and 25 percent of the families in the program represented the most needy. If the program were to enroll more of the most needy families, it would need additional money for medical and dental services. Because of limited resources, the program provided medical and dental services to the families who needed them most and stopped providing services when the funds ran out.

A parent who served on the screening committee said of the process, "We took the most needy and those that needed services the most. We would like to have taken all of the families because they all had needs. It's hard to make decisions about who should qualify and who should be denied services."

During the 1985-86 program year, the selection committee did not meet. It was the first year of the state-mandated preschool program, and most of the children recruited who were not eligible for Head Start were eligible for the Pre-K program. Head Start enrolled the "most needy" and referred the other income-eligible families to the Pre-K program that operated in the same school building. Income eligibility requirements for the state-mandated program allowed higher family incomes. The eligibility for Head Start and the Pre-K programs (also for Title XX Daycare) compared as follows:

Head Start (Federal)		Pre-K (State)	
Size of Family	Annual Income	Size of Family	Annual Income
1	4,980	1	6,825
2	6,720	2	9,165
3	8,460	3	11,505
4	10,200	4	13,845
5	11,940	5	16,185
6	13,680	6	18,525

In past years, the program had a waiting list of about 50 children. In 1985-86, the only waiting list was said to consist of one or two families who had not provided the necessary documentation (income verifications, inoculation records, birth certificates). As openings in Head Start classrooms occurred, the Director and program secretary went through the Prekindergarten class lists and identified families with the lowest incomes. These families were transferred into the Head Start Program.

Since the program had no waiting list at the time of the site visit, data on the 56 families on the fall 1984 waiting list were collected. A comparison of families on that list with currently enrolled families gives some indication of the differences between those selected for Head Start and waiting list families.

Enrolled families were more needy than those on the previous year's waiting list when looking at income alone. The median income of enrolled families was $8,000-$8,999 compared to a median of $9,000-$9,999 for those on the waiting list. More enrolled families (21 percent) were on public assistance. Less than 1 percent of waiting list families were receiving welfare aid. There were 10 over-income families enrolled, or 4.8 percent of the total. The waiting list had no over-income families.

The only family factors on which there was information on both groups were family type and ethnicity. Forty-two percent of the enrolled families were single-parent compared to less than a third of the waiting list families. Both groups were predominantly Hispanic, although Hispanics made up 54.5 percent of the enrolled families compared to 66.7 percent of waiting list families. The percentage of Whites on both lists was the same, and 19.5 percent of enrolled families as compared to 11.1 percent of waiting list families were Black.

The program sometimes enrolled a child who was not on the waiting list. This was done only when the child or family unit had greater needs than families on the waiting list. For example, the program would take a child from a family that was suspected of child abuse, a handicapped child or a child from a family in crisis if the circumstances were more critical than those of a child on the waiting list. During the 1984-85 program year, 2 children out of 56 dropped off the waiting list. One was put into family daycare by the parents. The other family moved away from the area.

After families are selected into the program, announcements are sent to the families informing them of a registration day schedules for late September. Each family receives a scheduled time when it can come to the center to fill out the required forms and have its child tested. When asked who is involved in the enrollment process, the staff responded, "Everyone"! During the enrollment process, teachers administer tests, other staff help parents complete paperwork and parent volunteers answer questions and generally help with the process. This team approach was also evident in the program's response to the site visit. Everybody pitched in to help collect the data needed for the study.

Sometimes families who were eligible were not enrolled in the program. This occurred when another placement was deemed more appropriate (e.g., for a handicapped child) and when parents could not get their child to the nearest neighborhood elementary school for transportation. At other times, parents decline to enroll their child, usually due to transportation problems or to "separation" problems between the parent and child. "Some of our families are very family-oriented, and the mothers have never been separated from their preschool-aged children. Either the mother cries or the child cries, and the parent decides the child isn't ready."

The program has no policy excluding multiple children from one family from attending the program. The child must be age-eligible and the family must be income-eligible and meet the other selection criteria. Staff estimated that the program serves approximately 23 percent of the eligible population in the county. However, data obtained for this study (Chapter IV, Table 2) show that 88 percent of the eligible population are being served by the two programs -- Head Start and the public preschool. With unlimited resources, Program I would elect to serve more families, particularly the rural families who do not have access to services.

Attendance and Attrition

The Head Start program has not had difficulty maintaining attendance of 85 percent or above, except during a rare snow or ice storm. Data gathered between December 1985 and April 1986 showed an 86.8 percent attendance rate. Children are not counted present if they have an excused absence, but excused absences are noted on the daily attendance sheets submitted to the secretary. Slips are sent to the Family Services Coordinator to follow-up on children who have been absent for three or more consecutive days.

Attendance has improved over the last few years. This improvement was attributed to a statewide effort to increase parents' awareness of the importance of good attendance in public schools. The local school district began giving prizes for good attendance, and many Head Start parents also had children attending public school. Two children did have attendance problems during the 1985-86 program year. One had chronic ear problems and was handicapped. The other child's mother was afraid to let the child go to the program on days when she expected her estranged husband would kidnap her.

Policy called for terminating a child from the program for an unexcused absence of more than 30 days for the center-based program. Two children were dropped for that reason during the period studied. There was no limit on missed visits for the home-based component. Vacancies in the program were filled "immediately." Generally, it only took a day or two to enroll a replacement family from the Pre-Kindergarten class.

February 15 was the last date on which a family was permitted to enroll a child unless the child was transferred from another Head Start program. The rationale for selecting that date was that the program was required to provide physicals, dental screening and all other services specified in the guidelines prior to May 31 when the program closed. Staff found it difficult to do all that was required in 3 months.

Twenty-seven children dropped out of the program during the period December 1985 to April 1986. Twenty of these moved from the area, two had too many absences, one child was discovered to be under-age, one parent reported she had too many poblems getting the child ready in the morning, one child was transferred to a daycare program, and two were withdrawn at the parent's request with no reason given.

Observations

That fact that this program is run by the public schools with the Head Start Director also functioning as school principal facilitated strong coordination between the public preschool program and Head Start during the first year of funding for public preschool. This cooperation was favorable in that it enabled Head Start to fill its program slots easily in the fall and to continue to fill vacancies by taking the lowest income families from the public preschool list. About 12 percent of the eligible population is not being served by either program, however, and it is possible that those families not being reached by Head Start's word-of-mouth recruitment strategy or by its posters and flyers are more in need of services than those whose applications for Head Start are self-initiated. Furthermore, since the program's needs assessment was more a procedural activity than a planning tool for recruitment, it is possible that neighborhoods with needy families are being overlooked and are not being reached by the program's current recruitment practices.

It also appears that Hispanic families may be more likely to respond to word of mouth since there was a disproportionate number of enrolled families from that group when compared to the population of the area served. Estimates given by the program during the site visit showed that 6 percent of the total county population and 10 percent of the section of the city where the program was located were Hispanic. 1980 census data, on the other hand, indicated that more than one-fifth of the county population was Hispanic.

The Head Start program definitely reflects the flavor of a school-based program. Procedures for enrollment require the usual documentation public schools require (birth certificate and record of immunizations), the cut-off dates for age-eligibility are the same as the public school dates, attendance procedures and forms are closely modeled on the public school model, and staff receive the benefits that public school teachers are entitled to.

APPENDIX C

SYNOPSIS OF INSTRUMENTS USED

SYNOPSIS OF INSTRUMENTS USED IN HEAD START RECRUITMENT AND ENROLLMENT STUDY

Instrument	Respondent(s)	Administration	Content
A. INTERVIEWS			
1. Head Start Director Interview Guide	Head Start directors	During site visits	Community needs assessment Factors examined Changes in community needs How results are used Impact on program Recruitment Target population(s) Effective/Ineffective strategies Eligibility criteria Referrals From other agencies To other agencies Enrollment Definition of "most needy" Effect of serving "most needy" Availability of income-eligible children Factors affecting enollments Absenteeism and Dropouts Criteria for excused absences Dropping children from rolls Filling vacant slots Reasons for dropping out
2. Recruitment Staff Interview Guide	Person responsible for recruitment activities	During site visits	Community needs assessment Conduct of needs assessment Sources of information Use of results Changes in community needs Recruitment Recruitment process Strategies used Targeted recruitment

SYNOPSIS OF INSTRUMENTS USED IN HEAD START RECRUITMENT AND ENROLLMENT STUDY

	Instrument	Respondent(s)	Administration	Content
	Recruitment Staff Interview Guide (cont.)			Referrals
				From other agencies
				To other agencies
				Enrollment
				Definition of "most needy"
				Effect of serving more of the "most needy"
				Staff involved
				Use of waiting lists
				Selection criteria
				Assignment decisions
				Absenteeism and Dropouts
				Criteria for excused absence
				Reasons for dropping children from rolls
				Refilling slots
				Reasons for dropping out
3.	Policy Council Representative Interview Guide	Policy Council Chairperson or Parent representative actively involved in recruitment	During site visit	Community needs assessment
				Accuracy and use of needs assessment
				Characteristics of eligible families
				Changes in characteristics of eligible families
				Affects of changes on program
				Other agencies serving eligible populations
				Recruitment
				Strategies used
				Effective/Ineffective strategies
				Targeted recruitment
				Enrollment
				Definition of "most needy"
				Effect of enrolling "most needy"
				Selection process and criteria
				Dropouts
				Main reason for dropping out
				Trends on dropouts

SYNOPSIS OF INSTRUMENTS USED IN HEAD START RECRUITMENT AND ENROLLMENT STUDY

Instrument	Respondent(s)	Administration	Content
4. Other Childcare Agency Director Interview Guide	Director or key staff in agencies that provide childcare to Head Start eligible families		Services provided Community needs Conduct of needs assessment Use by other agencies Changes in community needs Recruitment Target populations Referrals from Head Start and other agencies Referrals to Head Start Availability of services Enrollment Eligibility criteria Other enrollment criteria Characteristics of children served Characteristics of children that drop out Effectiveness of Head Start in meeting community needs Unmet needs in community
B. CHECKLISTS TO BE COMPLETED BY SITE VISITORS			
5. Family Records Review Guide	Study staff	Completed onsite based on a sample of records to indicate what information is available in the files	Child Information Age Ethnicity Siblings Handicap Other daycare Funding Attendance Family information Family composition Income Parent information (age, education, employment) Language spoken

SYNOPSIS OF INSTRUMENTS USED IN HEAD START RECRUITMENT AND ENROLLMENT STUDY

	Instrument	Respondent(s)	Administration	Content
	Family Records Review Guide (cont.)			Program Information How recruited Program model enrolled in Transportation provided Family needs Follow-up and review
6.	Waiting List Family Records Review Guide	Study staff	Completed onsite based on a sample of records to indicate what information is available in the files	Child Information Age Ethnicity Siblings Handicap Other daycare Funding Attendance Family information Family composition Income Parent information (age, education, employment) Language spoken Program Information How recruited Program model enrolled in Transportation provided Family needs Follow-up and review
7.	Attendance Records Review Guide	Study Staff	Complete onsite based on a review of records to determine what information is maintained in records	Are there attendance records? Where kept? By whom? Information on: Total enrollment Daily attendance

SYNOPSIS OF INSTRUMENTS USED IN HEAD START RECRUITMENT AND ENROLLMENT STUDY

Instrument	Respondent(s)	Administration	Content
Attendance Records Review Guide (cont.)			Daily absences Number absent four or more consecutive days Contact with family if absent four or more days Excused absences Reasons for absence Follow-up or prolonged absence
8. Recruitment Records Review Guide	Study Staff	To be completed onsite to determine information kept in files	Community needs assessment Document and data collection forms Records on: Door-to-door canvas Flyers Contacts with other agencies Presentations at meetings Income eligibility lists Other Evaluation
9. Head Start Program Information Update	Director	To be completed by telephone prior to site visit	Verification of PIR data on: Type of agency Area served Staffing Parent volunteers Parents on policy council Total funded enrollment Staff involved in recruitment

SYNOPSIS OF INSTRUMENTS USED IN HEAD START RECRUITMENT AND ENROLLMENT STUDY

Instrument	Respondent(s)	Administration	Content
C. FORMS FOR PERIODIC SUBMISSION BY SITES			
10. Daily Attendance Survey	Head Start Staff	To be completed for one week each month (randomly selected) from Dec. 1985 to April 1986	For center-based program: Total funded classroom enrollment Total children presently enrolled Daily information on: No. of children attending No. of children absent No. of excused absences No. of excused absences counted as present For home-based program: Total number home-based families funded Number enrolled Total home visits planned Total home visits completed Reasons for visits not completed
11. Report on New Enrollments	Head Start Staff	To be submitted monthly from Dec, 1985 through April 1986 for each newly enrolled child	Child information Age Ethnicity Siblings Handicap Other childcare Funding Family information Type of family Family income Over income Income verification Public assistance Family problems Parents' education and employment Mother's age Mother under 18 when first child born Parent in Head Start as child Live within walking distance Language of home

SYNOPSIS OF INSTRUMENTS USED IN HEAD START RECRUITMENT AND ENROLLMENT STUDY

Instrument	Respondent(s)	Administration	Content
12. Report on Dropouts	Head Start Staff	To be completed monthly from Dec. 1985 through April 1986 for each child that leaves the program	Program information How recruited Program model Transportation provided Dropout information Date entered Date left Who initiated Reason Child Information Age Ethnicity Siblings Handicap Other childcare Funding source Year in program Family information Family composition income Over income Income verification Public assistance Problems Parents' education and employment Mother's age Mother under 18 when first child born Parent in Head Start as child Live within walking distance Language of home Program information How recruited Program model Provide transportation

SYNOPSIS OF INSTRUMENTS USED IN HEAD START RECRUITMENT AND ENROLLMENT STUDY

Instrument	Respondent(s)	Administration	Content
D. FORMS FOR OBTAINING INFORMATION ON CHILDREN AND FAMILIES			
13. Information on Enrolled Children and Families	Head Start Staff	Completed during or after site visit	Child Information (by family composition) Age Ethnicity Number of children in family Handicap Family information (by family structure) Income Number over income Number on public assistance Family problem Parents education and employment Language of home Recruitment Income verification Recruitment method Transportation Living within walking distance Living outside walking distance Additional family information (by income levels) Family/child problems (by ethnic group) Mother's education and employment Parents who were in Head Start Number of children in family Number with older siblings in Head Start Income level Over income

SYNOPSIS OF INSTRUMENTS USED IN HEAD START RECRUITMENT AND ENROLLMENT STUDY

Instrument	Respondent(s)	Administration	Content
14. Information on Waiting List Children and Families	Head Start Staff	Completed during or after site visit	Child Information (by family composition) Age Ethnicity Number of children in family Handicap Family information (by family structure) Income Number over income Number on public assistance Family problem Parents education and employment Language of home Recruitment Income verification Recruitment method Transportation Living within walking distance Living outside walking distance Additional family information (by income levels) Family/child problems (by ethnic group) Mother's education and employment Parents who were in Head Start Number of children in family Number with older siblings in Head Start Income level Over income

APPENDIX D

REPORT ON MEETING OF PRINCIPAL INVESTIGATORS OF EARLY CHILDHOOD STUDIES

On October 17 and 18, the Administration for Children, Youth and Families sponsored a conference of early childhood researchers at the Channel Inn in Washington, D.C. The conference provided a forum for representatives of the studies to discuss their research questions, sampling strategies, and data collection and analysis plans with an eye toward sharing data. There were 46 people in attendance on October 17 as fifteen principal investigators reported on the purpose, major research questions, variables, data collection plans, timelines, analysis strategies, and dissemination plans for their studies. The purpose of the second day of the conference was to discuss plans for cross-project collaboration. Eight studies were represented and discussed. Information from two others was obtained and included here.

Comparative Features of the Early Childhood Surveys

The major task of the second day was the development of a matrix summarizing the salient project details needed to identify areas for collaboration or data sharing. The matrix provides information for each study on sample size, deadline for input on instruments, planned data collection dates, date when preliminary results will be available, who the respondents are, ages of children, income level of target population, and data collection sites. Ten studies or surveys are included on this matrix (see Table D-1). Table D-2 lists the principal investigators of each study.

These surveys and studies relate in varying ways to the current study. Those with the highest degree of articulation to the data being collected by RMC Research are discussed first. The Public School Early childhood

Study (Bank Street and Wellesley Colleges) is collecting data in 1100 school districts in all 50 states (see No. 4 in Table D-1). Information will be collected at the state level on agencies providing education and other services, such as women's services and public welfare. On the district level, early childhood programs both within and outside of schools will be surveyed. Families using childcare services will also be interviewed. Although only the state data will be available prior to the final report for the Recruitment and Enrollment Study, the district case study preliminary results will be available in December 1986, and may be valueable to ACYF in augmenting the information gained from its own study of the needs and services accessed by those eligible for Head Start.

A second study with a national scope that seems strongly related to RMC Research's data collection efforts is the Harvard Family Research Study (No. 6). Its data on 600 family service agencies are currently available and are likely to provide valuable information about other services available to Head Start-eligible families. Further, an interview supplement on school-based programs will be available in preliminary form by July 1986. Ages of children include those in the eligible range for Head Start services. It is possible that some Head Start programs may be included in the study data. The data relate to the current study in the area of services to eligible families and school-based programs for such families.

While not as widely applicable to central study questions as those mentioned above, the Study of Child Care and Self-Sufficiency for Welfare Mothers (No. 10) carried out by the Urban Institute will provide additional information concerning Head Start-eligible families in Boston, which was one of the sites for their interviews of AFDC recipients.

The Chapter 1 surveys (No. 7) and the statistics being compiled by Children Trends, Inc. (No. 9) may possibly provide useful information, but their potential for augmenting the current study is less clear at this time. Where Chapter 1 surveys describe coordination with other programs for their students or describe family needs, they may be of some value. If Child Trends is able to provide more detailed information on demographic trends for children under six and their families as described in their project description, it will certainly be valuable for policy formulation and program planning. Whether the data will be timely and site-specific enough to be of value to the current study is questionable.

Mechanics of Data Sharing

Mary Kennedy of the National Institute of Education discussed the process by which the fourteen contractors of the studies funded under the NIE National Assessment of Chapter 1 Programs will share data. She distributed copies of confidentiality agreements which will enable contractors to fulfill their responsibilities to their respondents and yet allow one another access to study data. She also described the electronic data tracking system the Chapter 1 studies are using, ITT Dialacom. Although at this time RMC Research does not require such a system for augmentation of its data base for the Recruitment and Enrollment Study, this system represents a useful model for cross-project data sharing that might be implemented if needed.

Current Data on Community and State Childcare Services

Two organizations, the National Association for the Education of Young Children (NAEYC) and the Children's Defense Fund, have already provided RMC Research with information that has augmented our case study data collection and analysis. NAEYC provided a list of childcare referral agencies located in our in-depth study sites, which, when telephoned, provided data on community childcare needs and services. This helped us identify other childcare agencies for site visit interviews. The national data base being developed by their Childcare Information Service is a potential source of data concerning existing resources for childcare and information on different perspectives on childcare issues. Such a resource may be valuable in providing context information for analysis of data from both case studies and telephone surveys. The Children's Defense Fund's report, *Child Care: Whose Priority? A State Child Care Fact Book, 1985*, contains general information about needs and policy around the country, identifies gaps in services, and provides detailed state-by-state data. This book provides the Head Start Recruitment and Enrollment Study with specific information on the Head Start-eligible population, on childcare needs, services, and gaps in services in each state where case studies and telephone surveys are being conducted.

The current and future potential for data sharing among early childhood investigators has only begun to be explored by what must be considered a pioneer effort on the part of ACYF in sponsoring this conference. Conference attendees expressed interest in a similar session in the spring and also discussed the possibility of forming a federal inter-agency group to meet periodically for information sharing.

Emerging Issues

A number of issues emerged from the discussion of these surveys of early childhood programs and services. In general, they can be summarized as issues relating to our attempts to understand the nature of the services being delivered and those relating to the methodology of the surveys.

Nature of programs and services. A wide range of childcare services exist, and studies are designed to focus on different types of services or different aspects of the services. One issue, therefore, is to identify the specific nature of the service. The studies represented here relate to the following types of services:

- Public and private school educational programs;
- Full-day daycare;
- Comprehensive child development programs (such as Head Start).

Although programs may be classified into these three broad types, it is a different matter to determine the functions that the programs serve from the perspective of the clients. For example, from the perspective of a working parent, a full-day Head Start program may partially serve the function of daycare even though the program operators are primarily concerned with providing a comprehensive developmental, educational, health, and social service program. In any study that is trying to deal with the match between needs and services, it is critical that the services be understood from the perspective of the clients and potential clients.

Understanding the mechanisms for delivering services is also of concern to many of the studies. This issue relates to examining program auspices, funding sources, and so forth.

With these considerations in mind, issues relating to the nature of services can be viewed as four questions:

- What childcare services are available (supply)?
- What kinds of services are needed (demand)?
- Within a given community, what is the match between needs and services?
- What mechanisms have been (or are being) established to provide the needed services?

Several program dimensions were identified by the speakers. In describing the nature of the services provided, different studies may focus on different dimensions:

- the target population served;
- ages served;
- hours of operation;
- service strategies (e.g., home visits, parent groups, center program); and
- program goals.

Another issue is whether studies examine the nature of the service in depth or, instead, focus on descriptive, quantitative data relating to the service. In the first instance, a study would require qualitative data on the nature of the service; in the second, the study might focus on counting such features as the number of people of various types receiving the different kinds of services. The latter might include hours of operation as a variable, but not nature of educational curriculum.

Methodology. Studies differ widely in their methodologies and, as a consequence, point up a number of methodological issues. Some studies attempt to provide data that are nationally representative, using large samples and a survey methodology. Other studies include small samples and conduct in-depth interviews and observations, choosing to focus on understanding the factors operating within a small number of programs or communities, with less concern about generalizing to the national level.

Each study also appears to make a choice between sampling service providers or sampling users. In the former, the studies select institutions or agencies that are providing services (e.g., Head Start programs) and then conduct their investigations of services and their users. Other studies (such as the survey of welfare mothers) sample individual users and examine who they are and what services they make use of. This choice of methodological approach has different implications, depending upon the purpose of the study. If a study is concerned with contributing to our understanding of the match between services and needs, it is more difficult if the study takes an institutional perspective. The reason for this is that different programs have different service-delivery (catchment) areas; they may be overlapping but not necessarily contiguous. Thus, matching up the service delivery with the needs becomes exceedingly complex.

Conclusions. This combination of methodological and content issues raised in this review of early childhood surveys suggests the importance of conducting multiple studies and providing mechanisms for coordination and, wherever possible, collaboration among them. It is unlikely that a single study can answer all the questions to the satisfaction of all policymakers. By finding ways that each study can benefit from the procedures and findings of each other study, however, the potential for more comprehensive findings begins to be realized. The collaboration begun at this conference is one step toward more useful results from our research.

Table D-1

DATA SHARING - EARLY CHILDHOOD SURVEYS

PROJECT (Short Name)	Substudies	N	Deadline for Input on Instruments	Planned Data Collection	Preliminary Results Available
1. HEAD START RECRUITMENT	a. Case Studies	9 programs	10/28/85	12/15/85	1/86 - 3/86
	b. Telephone Survey	75-80 programs	12/15/85	4/86	8/86
2. IEA	a. Survey	-	6/86	86 - 87	1987
	b. Observation	-	87 - 89	87 - 88	-
	c. Follow-up	-	-	89+	-
3. INFANT HEALTH AND DEVELOPMENT PROGRAM	a. 36-month	980 children	1/87	1/88-9/88	1/89
	b. one-year-olds	980 children	-	1/86-9/86	1/87
4. PUBLIC SCHOOL EARLY CHILDHOOD SURVEY	a. State Survey	50 states	2/86	7/86	10/86
	b. District Case Studies				
	Mail	1,100 districts	1/86	3/86	12/86
	Telephone	175 districts	12/86	3/87	9/87
	Site Visits	12 districts			
5. NCES FEASIBILITY STUDY		10 sites (SMSA) (20 programs/site)	11/86	4/87	10/87
6. HARVARD FAMILY STUDY	a. Agency Study	600 agencies	-	-	Now
	b. Interview Supplement		-	-	7/86
	c. Case Studies		-	1986	2/87
7. CHAPTER 1 SURVEYS	a. Targeting Practices	30 school districts	1/86	Spring 1986	Fall 1986
	b. Schools and Teachers	1300 schools	1/86		
	c. Whole-Day Instructional Experiences of Chapter 1 Students	30 schools	1/86		
	d. Analysis of School District & State Agency Records	7 awards to local school districts to analyze data bases	1/86	Spring 1986	Fall 1986
8. MATERNAL AND FAMILY CHARACTERISTICS	a. Monthly family dataset	9,500 households	-	19th of each month	1st Friday/month
	b. Quarterly family earnings				2 wks after end of quarter
	c. March Detail Report				Mid-July
9. FEDERAL STATS. PRESCHOOL POPULATION	a. Demographic Trends	5,000 households	6/86	4/87	1/88
	b. Mother's Labor Force Participation				
	c. Educational/Childcare Participation				
10. WELFARE MOTHERS	a. Interviews with mothers (2 waves)	663 welfare recipients	N/A	8/83-6/85	Now
	b. Interviews with program administrators				
	c. Case Record Review				

Table D-1

DATA SHARING - EARLY CHILDHOOD SURVEYS (continued)

PROJECT (Short Name)	Respondents	Age of Children	Income Level of Target Population	Sites	
1. **HEAD START RECRUITMENT**	Head Start Programs Other Childcare Agencies	0-5	poverty level	Boston, MA Vauxhall, NJ Wilmington, DE Starkville, MS San Jacinto, CA	Abilene, TX Stanford, KY Badger, MN Tucson, AZ
2. **IEA**	Households with preschool child (surveys) Childcare settings (observations) Family (interviews)	4 or 0-4	all		
3. **INFANT HEALTH AND DEVELOPMENT PROGRAM**	Families Children	0-3	80% poverty level	Boston, MA New Haven, CT Little Rock, AK Philadelphia, PA	Bronx, NY Dallas, TX Seattle, WA Miami, FL
4. **PUBLIC SCHOOL EARLY CHILDHOOD SURVEY**	a. SEA components, other agencies (public welfare) b. Early Childhood Program within districts - school administrators/superintendents - early childhood coordinators c. Programs offered by or under school auspices - families - school personnel		all	Nationwide	
5. **NCES FEASIBILITY STUDY**	Households of 0-5 children; and programs, directors, teachers, parents	0-5	all		
6. **HARVARD FAMILY STUDY**	Family service agencies School-based programs	Prenatal Birth to eighteen	all	Nationally except Wyoming	
7. **CHAPTER 1 SURVEYS**	a. School district personnel	5-17	all	Nationally selected sites	
	b. Students and teachers	5-17	all		
	c. 8 Chpt 1 students in 30 schools	5-17	all		
	d. analyses of data base re: chpt. 1 students, services and coordination with other programs	5-17	all		
8. **MATERNAL AND FAMILY CHARACTERISTICS**	Responsible 14+ year-olds and up in household	all	all	Nationwide	
9. **FEDERAL STATE PRESCHOOL POPULATION**	Parents of preschool-aged children	0-5	all	Nationwide	
10. **WELFARE MOTHERS**	AFDC recipients with at least one child under age 10; sample over-represents employed AFDC recipients	0-9	poverty level	Boston, MA Denver, CO	Charlotte, SC San Jose, CA

Table D-2

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TABLE D-2

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